



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Dennis Hernandez
Advent Health New Smyrna Beach (Bert Fish)
401 Palmetto St.
New Smyrna Beach, FL 32168

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010183400**

Dear Mr. Hernandez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$ 437 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010183400**

Facility Name (current) : **Advent Health New Symrna Beach (Bert Fish)**

Annual Public DSH distribution to your facility	(A)	\$ 437
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$ 437
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$ 437

[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
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SIMONE MARSTILLER
SECRETARY

July 5, 2022

Sharon Hayes
Bayfront Health St. Petersburg
701 6th St. S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010156700**

Dear Ms. Hayes:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$9,198 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health St. Petersburg**

Annual Public DSH distribution to your facility	(A)	\$9,198
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$9,198
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$9,198

[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
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SIMONE MARSTILLER
SECRETARY

July 5, 2022

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 012040500**

Dear Mr. Smith:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,164,462 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$4,164,462
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,164,462
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,164,462

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

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RON DESANTIS
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SECRETARY

July 5, 2022

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010821900**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,737,076 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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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 2021-2022 Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,737,076
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,737,076
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,737,076

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

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SIMONE MARSTILLER
SECRETARY

July 5, 2022

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$23,400,134 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$23,400,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$23,400,134
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$23,400,134

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July 5, 2022

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$7,049,940 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$7,049,940
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$7,049,940
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,049,940

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July 5, 2022

Scott Kashman
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, FL 33990

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 011971700**

Dear Mr. Kashman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,905,037 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

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Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **011971700**

Facility Name (current) : **Cape Coral Hospital**

Annual Public DSH distribution to your facility	(A)	\$1,905,037
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,905,037
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,905,037

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SECRETARY

July 5, 2022

Jo Ann M. Baker
Doctors Memorial Hospital - Bonifay
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010103600**

Dear Ms. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$125,000 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctors Memorial Hospital - Bonifay**

Annual Public DSH distribution to your facility	(A)	\$125,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$125,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$125,000

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Tiffany Varnadoe
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010004800**

Dear Ms. Varnadoe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$125,000 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

Annual Public DSH distribution to your facility	(A)	\$125,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$125,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$125,000

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

David Walker
George E Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010080300**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$125,000 for state fiscal year 2021-2022. 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.

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Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E Weems Memorial Hospital**

Annual Public DSH distribution to your facility	(A)	\$125,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$125,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$125,000

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Lawrence R. Antonucci
Gulf Coast Medical Center Lee Memorial Health System
13681 Doctors Way
Fort Myers, FL 33912

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 011134100**

Dear Mr. 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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,522,262 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **011134100**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial Health System**

Annual Public DSH distribution to your facility	(A)	\$5,522,262
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,522,262
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,522,262

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

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Bradley Griffin
Gulf Coast Regional Medical Center
449 W 23rd St.
Panama City, FL 32405

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 011761700**

Dear Mr. Griffin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,640 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **011761700**

Facility Name (current) : **Gulf Coast Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$5,640
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,640
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,640

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010184200**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,717,459 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$6,717,459
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,717,459
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,717,459

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010226100**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,370 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010226100**

Facility Name (current) : **Homestead Hospital**

Annual Public DSH distribution to your facility	(A)	\$6,370
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,370
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,370

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$19,012 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
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 2021-2022 Payment

Medicaid Number : **010151600**

Facility Name (current) : **Johns Hopkins All Children's Hospital**

Annual Public DSH distribution to your facility	(A)	\$19,012
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$19,012
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$19,012

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Brandon Haushalter
Kendall Regional Medical Center
11750 Bird Rd.
Miami, FL 33175

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 012013800**

Dear Mr. Haushalter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$11,605 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **012013800**

Facility Name (current) : **Kendall Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$11,605
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$11,605
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$11,605

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010144300**

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$570,438 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010144300**

Facility Name (current) : **Lakeside Medical Center**

Annual Public DSH distribution to your facility	(A)	\$570,438
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$570,438
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$570,438

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010110900**

Dear Mr. 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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$15,718,334 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$15,718,334
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$15,718,334
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$15,718,334

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Kevin DiLallo
Manatee Memorial Hospital
206 2nd St E
Bradenton, FL 34208

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$9,341 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010116800**

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

Annual Public DSH distribution to your facility	(A)	\$9,341
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$9,341
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$9,341

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,005,287 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$3,005,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,005,287
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,005,287

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,996,701 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$6,996,701
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,996,701
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,996,701

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$10,349,537 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$10,349,537
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$10,349,537
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$10,349,537

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$33,636,778 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$33,636,778
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$33,636,778
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$33,636,778

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Mark Racicot
North Shore Medical Center
1100 NW 95th St.
Miami, FL 33150

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010049800**

Dear Mr. Racicot:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$13,922 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010049800**

Facility Name (current) : **North Shore Medical Center**

Annual Public DSH distribution to your facility	(A)	\$13,922
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$13,922
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$13,922

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Joshua DeTillio
Palms West Hospital
13001 Southern Blvd
Loxahatchee, FL 33470

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,316 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **012026000**

Facility Name (current) : **Palms West Hospital**

Annual Public DSH distribution to your facility	(A)	\$6,316
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,316
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,316

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 5, 2022

George Mikitarian
Parrish Medical Center
951 N Washington Ave
Titusville, FL 32796

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010010200**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,206,932 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010010200**

Facility Name (current) : **Parrish Medical Center**

Annual Public DSH distribution to your facility	(A)	\$2,206,932
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,206,932
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,206,932

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010176100**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$8,427,162 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$8,427,162
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,427,162
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$8,427,162

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Bill Duquette
South Miami Hospital
6200 SW 73rd St.
Miami, FL 33143

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010058700**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$10,291 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010058700**

Facility Name (current) : **South Miami Hospital**

Annual Public DSH distribution to your facility	(A)	\$10,291
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$10,291
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$10,291

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Glenn Davenport Waters
St. Joseph's Hospital
3001 W Martin Luther King Jr Blvd
Tampa, FL 33607

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010097800**

Dear Mr. Waters:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$31,111 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010097800**

Facility Name (current) : **St. Joseph's Hospital**

Annual Public DSH distribution to your facility	(A)	\$31,111
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$31,111
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$31,111

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Cynthia McCauley
St. Mary's Medical Center
901 45th St.
West Palm Beach, FL 33407

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010148600**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$19,086 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010148600**

Facility Name (current) : **St. Mary's Medical Center**

Annual Public DSH distribution to your facility	(A)	\$19,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$19,086
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$19,086

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

John Couris
Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010099400**

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 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$32,681 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010099400**

Facility Name (current) : **Tampa General Hospital**

Annual Public DSH distribution to your facility	(A)	\$32,681
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$32,681
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$32,681

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$24,907 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$24,907
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$24,907
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$24,907

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

George Rizzuto
West Boca Medical Center
21644 State Rd. 7
Boca Raton, FL 33428

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number: 012024300**

Dear Mr. Rizzuto:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,602 for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number : **012024300**

Facility Name (current) : **West Boca Medical Center**

Annual Public DSH distribution to your facility	(A)	\$4,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,602
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,602

[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

SIMONE MARSTILLER
SECRETARY

July 5, 2022

**RE: State Fiscal Year 2021-2022
Regular Disproportionate Share Hospital Payment
Medicaid Number:**

Dear :

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021-2022. 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 and previously disbursed payments represent 100% (rounded) of your annual appropriation of for state fiscal year 2021-2022. 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2021-2022 Payment

Medicaid Number :

Facility Name (current) :

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

[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.