



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility 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 facilities 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% of your annual appropriation of \$194,070 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **012040500**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$194,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$194,070
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$194,070

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



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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010821900**

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 2021 - 2022. 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 and previously disbursed payments represent 100% of your annual appropriation of \$370,258 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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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010821900**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$370,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$370,258
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$370,258

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



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SIMONE MARSTILLER
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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your facility 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 facilities 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% of your annual appropriation of \$2,801,318 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010012900**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$2,801,318
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$2,801,318
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$2,801,318

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



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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your facility 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 facilities 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% of your annual appropriation of \$314,373 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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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010021800**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$314,373
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$314,373
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$314,373

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



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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your facility 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 facilities 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% of your annual appropriation of \$63,200 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010345400**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$63,200
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$63,200
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$63,200

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



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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your facility 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 facilities 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% of your annual appropriation of \$126,400 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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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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010222900**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$126,400
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$126,400
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$126,400

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



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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your facility 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 facilities 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% of your annual appropriation of \$291,410 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010252100**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$291,410
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$291,410
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$291,410

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



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July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

Your facility 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 facilities 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% of your annual appropriation of \$1,967,120 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010020000**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,967,120
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$1,967,120
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$1,967,120

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



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SECRETARY

July 6, 2022

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

**RE: State Fiscal Year 2021 -2022
Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your facility 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 facilities 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% of your annual appropriation of \$2,687,924 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2021 -2022 Payment

Medicaid Number : **010067600**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$2,687,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$2,687,924
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$2,687,924

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