



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

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 010156700

Dear Ms. Haves:

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% of your annual amount for the 2021 - 2022 fiscal year, based upon an annual appropriation of \$1,170,980.00. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely, Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

MC:si



## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010156700

Hospital Name (current): Bayfront Health St. Petersburg

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
First "Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

- [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.
- [3] This amount may be rounded down to the next lower whole dollar.





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

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share 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.

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Sincerely, Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

MC:si



## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010184200

Hospital Name (current): Halifax Health Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

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Iris Berges Larkin Community Hospital Palm Springs Campus 1475 W 49th Pl Hialeah, FL 33012

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 010053600

Dear Ms. Berges:

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% of your annual amount for the 2021 - 2022 fiscal year, based upon an annual appropriation of \$512,639. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Coursen Castaño

MC:si



## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010053600

Hospital Name (current): Larkin Community Hospital Palm Springs Campus

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$512,639
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$512,639
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$512,639

- [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.
- [3] This amount may be rounded down to the next lower whole dollar.





Glenn Davenport Waters Morton Plant Hospital 300 Pinellas St. Clearwater, FL 33756

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 010158300

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.

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Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

MC:sj



## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010158300

Hospital Name (current): Morton Plant Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

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Lisa Valentine Orange Park Medical Center 2001 Kingsley Ave Orange Park, FL 32073

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 011174100

Dear Ms. Valentine:

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.

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Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

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## State Fiscal Year 2021 - 2022 Payment

Medicaid Number:011174100

Hospital Name (current): Orange Park Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

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Ana J. Mederos Palmetto General Hospital 2001 W 68th St. Hialeah, FL 33016

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 010460400

Dear Ms. Mederos:

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.

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Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,

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## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010460400

Hospital Name (current): Palmetto General Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

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Jay Finnegan St. Lucie Medical Center 1800 SE Tiffany Ave Port Saint Lucie, FL 34952

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 011997100

Dear Mr. Finnegan:

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.

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Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

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## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 011997100

Hospital Name (current): St. Lucie Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
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Janice Balzano St. Petersburg General Hospital 6500 38th Ave N Saint Petersburg, FL 33710

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 012010300

Dear Ms. Balzano:

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.

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Medicaid Program Finance

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## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 012010300

Hospital Name (current): St. Petersburg General Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
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Joseph Impicciche, JD, MHA St. Vincent's Medical Center Riverside One Shircliff Way Jacksonville, FL 32204

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 010073100

Dear Mr. Impicciche:

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.

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Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

Coursen Castaño

MC:si



## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010073100

Hospital Name (current): St. Vincent's Medical Center Riverside

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

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George Mark O'Bryant Tallahassee Memorial Hospital 1300 Miccosukee Rd. Tallahassee, FL 32308

RE: State Fiscal Year 2021 - 2022

**Family Practice Teaching Disproportionate Share Payment** 

Medicaid Number: 010113300

Dear Mr. O'Bryant:

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.

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Sincerely, Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,

Medicaid Program Finance

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## State Fiscal Year 2021 - 2022 Payment

Medicaid Number: 010113300

Hospital Name (current): Tallahassee Memorial Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,629,064
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$1,170,980
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$1,170,980
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
"Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$1,170,980

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