



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2237

- Title of Project:** Pediatric Urologist Medicaid Rate Increase
- Senate Sponsor:** Manny Diaz
- Date of Submission:** 03/04/2019
- Project/Program Description:**
Pediatric Urologist Medicaid Rate Increase
- State Agency to receive requested funds :** Agency for Health Care Administration
State Agency Contacted? Yes
- Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	700,000
Fixed Capital Outlay	
Total State Funds Requested	700,000

- Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	700,000	38.68%
Federal	1,109,721	61.32%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	1,809,721	100.0%

- Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

- Is future-year funding likely to be requested?** No
- Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		



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Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Medicaid fee schedule Increase	700,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		700,000

11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**

Increase access and quality of care for infants and children suffering from critical medical conditions enrolled in the Medicaid Program.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**

Increase access and quality of care for infants and children suffering from critical medical conditions enrolled in the Medicaid Program.

c. **What are the direct services to be provided to citizens by the appropriations project?**

Increase access and quality of care for infants and children suffering from critical medical conditions enrolled in the Medicaid Program.

d. **Who is the target population served by this project? How many individuals are expected to be served?**

Infants and Children enrolled in Medicaid.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Increase access and quality of care for infants and children suffering from critical medical conditions enrolled in the Medicaid Program.

f. **What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

All state funds will be forfeited.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. **Name:** Darren Patz

b. **Organization:** Mednax

c. **E-mail Address:** Darren_Patz@mednax.com

d. **Phone Number:** (786)473-4431



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14. Recipient Contact Information:

- a. **Organization:** Mednax
- b. **County:** Statewide
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (Please specify) Any Pediatric Urologists that provide medical care to Medicaid recipients
- d. **Contact Name:** Darren Patz
- e. **E-mail Address:** Darren_Patz@mednax.com
- f. **Phone Number:** (786)473-4431

15. Lobbyist Contact Information

- a. **Name:** Joel Overton
- b. **Firm Name:** Larry J. Overton and associates
- c. **E-mail Address:** jovertan@lovertan.net
- d. **Phone Number:** (850)224-2859