



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Edward Hubel  
Baptist Medical Center - Nassau  
1250 South 18th Street  
Fernandina Beach, Florida 32034-3098

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010123100**

Dear Mr. Hubel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,412,844 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010123100**

Facility Name (current) : **Baptist Medical Center - Nassau**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,412,844
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,412,844
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$1,059,633</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Charles Durant  
Calhoun Liberty Hospital  
20370 Northeast Burns Avenue  
Blountstown, Florida 32424-0419

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010026900**

Dear Mr. Durant:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$111,631 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010026900**

Facility Name (current) : **Calhoun Liberty Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$111,631
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	<b>(A - B) = (C)</b>	<b>\$111,631</b>
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$83,723</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Aaron Robinson  
Cape Canaveral Hospital  
701 West Cocoa Beach Causeway  
Cocoa Beach, Florida 32931

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010009900**

Dear Mr. Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,754,600 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010009900**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,754,600
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,754,600
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$1,315,950</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Thomas J. Stone  
Doctor's Memorial Hospital Inc.  
P.O. Box 1847  
Perry, Florida 32347-2104

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010180000**

Dear Mr. Stone:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$207,304 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010180000**

Facility Name (current) : **Doctor's Memorial Hospital Inc.**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$207,304
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$207,304
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$155,478</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Ken Mattison  
Florida Hospital New Smyrna / Bert Fish Medical Center  
401 Palmetto Street  
New Smyrna Beach, Florida 32168-7399

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010183400**

Dear Mr. Mattison:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,203,754 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010183400**

Facility Name (current) : **Florida Hospital New Smyrna / Bert Fish Medical Center**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,203,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,203,754
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$902,816</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Brian Adams  
Florida Hospital Tampa  
3100 East Fletcher Avenue  
Tampa, Florida 33613-4613

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010102800**

Dear Mr. Adams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,647,231 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010102800**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$8,647,231
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$8,647,231
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$6,485,423</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Bruce Bergherm  
Florida Hospital Wauchula  
533 West Carlton Street  
Wauchula, Florida 33873

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010260100**

Dear Mr. Bergherm:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$251,796 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010260100**

Facility Name (current) : **Florida Hospital Wauchula**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$251,796
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$251,796
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$188,847</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Amanda Maggard  
Florida Hospital Zephyrhills  
7050 Gall Boulevard  
Zephyrhills, Florida 33541-1399

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010149400**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,846,319 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010149400**

Facility Name (current) : **Florida Hospital Zephyrhills**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,846,319
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,846,319
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,384,739</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Ben Rodriguez  
Hialeah Hospital  
651 East 25th Street  
Hialeah, Florida 33013-3814

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010041200**

Dear Mr. Rodriguez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,661,208 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010041200**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,661,208
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,661,208
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,245,906</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Sean Gregory  
Holmes Regional Medical Center  
1350 South Hickory Street  
Melbourne, Florida 32901

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010008100**

Dear Mr. Gregory:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$6,812,995 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010008100**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$6,812,995
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$6,812,995
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$5,109,746</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Bill Duquette  
Homestead Hospital  
975 Baptist Way  
Homestead, Florida 33033

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010226100**

Dear Mr. Duquette:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$6,635,509 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010226100**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$6,635,509
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$6,635,509
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$4,976,632</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Jeffrey L. Susi  
Indian River Memorial Center  
1000 36th Street  
Vero Beach, Florida 32960-6592

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010104400**

Dear Mr. Susi:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,652,683 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010104400**

Facility Name (current) : **Indian River Memorial Center**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$2,652,683
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$2,652,683
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,989,512</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Michael T. Hutchins  
Jay Hospital  
14114 Alabama Street  
Jay, Florida 32565-1219

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010173700**

Dear Mr. Hutchins:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$168,238 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010173700**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$168,238
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$168,238
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	$((C \times .75) - D) = (E)$	<b>\$126,179</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Pamela Howard  
Lake Butler Hospital Hand Surgery Center  
P.O. Box 748  
Lake Butler, Florida 32054-1353

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010822700**

Dear Ms. Howard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$335,245 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010822700**

Facility Name (current) : **Lake Butler Hospital Hand Surgery Center**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$335,245
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	<b>(A - B) = (C)</b>	<b>\$335,245</b>
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$251,434</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Elaine Thompson, Ph.D  
Lakeland Regional Medical Center  
P.O. Box 95448  
Lakeland, Florida 33804-5448

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010164800**

Dear Ms. Thompson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$9,191,147 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010164800**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$9,191,147
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$9,191,147
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$6,893,360</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Donald G. Henderson  
Leesburg Regional Medical Center  
600 East Dixie Avenue  
Leesburg, Florida 34748-5925

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010107900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,194,814 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010107900**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$2,194,814
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$2,194,814
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,646,111</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Kevin DiLallo  
Manatee Memorial Hospital  
206 2nd Street East  
Bradenton, Florida 34208-1000

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010116800**

Dear Mr. DiLallo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,514,609 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010116800**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$3,514,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$3,514,609
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$2,635,957</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Rick Freeburg  
Mariners Hospital  
91500 Overseas Highway  
Tavernier, Florida 33070

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010121400**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,032,529 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010121400**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,032,529
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,032,529
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$774,397</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Kris Hoce  
Morton Plant Hospital  
300 Pinellas Street, MS# 21  
Clearwater, Florida 33756

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010158300**

Dear Mr. Hoce:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$6,634,204 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010158300**

Facility Name (current) : **Morton Plant Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$6,634,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$6,634,204
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$4,975,653</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Michael Yungmann  
Morton Plant North Bay Hospital  
6600 Madison Street  
New Port Richey, Florida 34652-1971

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010150800**

Dear Mr. Yungmann:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,296,023 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010150800**

Facility Name (current) : **Morton Plant North Bay Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$3,296,023
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$3,296,023
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$2,472,017</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Dia Nichols  
Northside Hospital  
6000 49th Street North  
Saint Petersburg, Florida 33709-2145

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:011519300**

Dear Mr. Nichols:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,741,342 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011519300**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,741,342
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,741,342
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,306,007</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Aaron Robinson  
Palm Bay Hospital  
1425 Malabar Road Northeast  
Palm Bay, Florida 32907

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:003297500**

Dear Mr. Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,108,514 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **003297500**

Facility Name (current) : **Palm Bay Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$2,108,514
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$2,108,514
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,581,386</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Susan Davis  
Sacred Heart Hospital on the Gulf  
3801 East Highway 98  
Port Saint Joe, Florida 32456

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:002012700**

Dear Ms. Davis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$486,486 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **002012700**

Facility Name (current) : **Sacred Heart Hospital on the Gulf**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$486,486
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$486,486
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$364,865</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Karen Kerr  
South Florida Baptist Hospital  
301 North Alexander Street  
Plant City, Florida 33563-4303

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010098600**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,885,912 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010098600**

Facility Name (current) : **South Florida Baptist Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$2,885,912
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$2,885,912
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$2,164,434</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

M. Scott Smith, President  
Saint Anthony's Hospital  
1200 7th Avenue North, MS# 2033  
Saint Petersburg, Florida 33705-1300

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:012022700**

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 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$5,435,357 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012022700**

Facility Name (current) : **Saint Anthony's Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$5,435,357
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$5,435,357
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$4,076,518</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Jake Fisher  
Tampa Community Hospital  
6001 Webb Road  
Tampa, Florida 33615-3421

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:011984900**

Dear Mr. Fisher:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,146,349 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011984900**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,146,349
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$1,146,349
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	((C x .75) - D) = (E)	<b>\$859,762</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Jack Ayala  
Westchester General Hospital  
2500 Southwest 75th Avenue  
Miami, Florida 33155-2805

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010062500**

Dear Mr. Ayala:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,050,100 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010062500**

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

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$1,050,100
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,050,100</b>
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$787,575</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 10, 2018

Steve Nierman  
Winter Haven Hospital  
200 Avenue 'F' Northeast  
Winter Haven, Florida 33881-4193

**RE: State Fiscal Year 2017 - 2018  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number:010169900**

Dear Mr. Nierman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,354,111 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual LIP Group 1, Tier 1 distribution to your facility	(A)	\$3,354,111
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 1, Tier 1 Payments</b>	(A - B) = (C)	\$3,354,111
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your First Scheduled LIP Group 1, Tier 1 Payment [1]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$2,515,583</b>

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