



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,412,844
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,059,633
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$353,211

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$111,631
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$83,723
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$27,908

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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,

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,754,600
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,315,950
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$438,650

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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,

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$207,304
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$155,478
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$51,826

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 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
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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,

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,203,754
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$902,816
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$300,938

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$8,647,231
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$6,485,423
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$2,161,808

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$251,796
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$188,847
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$62,949

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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,

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,846,319
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,384,739
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$461,580

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,661,208
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,245,906
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$415,302

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$6,812,995
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$5,109,746
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$1,703,249

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, Florida 33033

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$6,635,509
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$4,976,632
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$1,658,877

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$2,652,683
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,989,512
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$663,171

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$168,238
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$126,179
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$42,059

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$335,245
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$251,434
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$83,811

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$9,191,147
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$6,893,360
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$2,297,787

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$2,194,814
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,646,111
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$548,703

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$3,514,609
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$2,635,957
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$878,652

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

Rick Freeburg
Mariners Hospital
91500 Overseas Highway
Tavernier, Florida 33070

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,032,529
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$774,397
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$258,132

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$6,634,204
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$4,975,653
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$1,658,551

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$3,296,023
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$2,472,017
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$824,006

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,741,342
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,306,007
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$435,335

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$2,108,514
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,581,386
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$527,128

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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,

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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$486,486
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$364,865
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$121,621

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$2,885,912
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$2,164,434
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$721,478

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 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
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$5,435,357
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$4,076,518
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$1,358,839

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,146,349
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$859,762
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$286,587

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$1,050,100
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$787,575
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$262,525

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2018

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

**RE: State Fiscal Year 2017 - 2018
Second 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$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 Second 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
Total of your facility's annual LIP Group 1, Tier 1 Payments	(A - B) = (C)	\$3,354,111
Total of your LIP Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$2,515,583
Your Second Scheduled LIP Group 1, Tier 1 Payment [1]	(C - D) = (E)	\$838,528

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