

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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



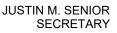
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



JUSTIN M. SENIOR SECRETARY

June 5, 2018

Ken Mattison Florida Hospital New Symrna / 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



Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : 010183400

Facility Name (current): Florida Hospital New Symrna / 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

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



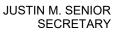
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



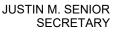
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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

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



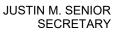
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



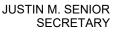
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



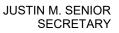
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



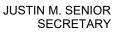
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



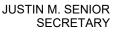
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



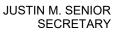
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



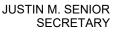
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



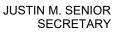
Low Income Pool (LIP) Group 1, Tier 1

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



STATE OF FLORIDA

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,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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



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



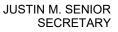
Low Income Pool (LIP) Group 1, Tier 1

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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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





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



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	$(\mathbf{A} - \mathbf{B}) = (\mathbf{C})$	\$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