



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 2, 2018

Daryl Tol
Florida Hospital
901 North Lake Destiny Road, Suite 400
Maitland, Florida 32751

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010129000**

Dear Mr. Tol:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$18,421,896 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 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010129000**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$18,421,896
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$18,421,896
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	$((C \times .75) - D) = (E)$	\$13,816,422

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 2, 2018

John A. Kolosky
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive, Mail Stop: MBC-ACCT
Tampa, Florida 33612-9416

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 012032400**

Dear Mr. Kolosky:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,840,336 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.

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research Institute Hospital**

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$1,840,336
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$1,840,336
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	((C x .75) - D) = (E)	\$1,380,252

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 2, 2018

Anthony Degina
Largo Medical Center
201 14th Street Southwest
Largo, Florida 33770-3133

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 011974100**

Dear Mr. Degina:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$721,817 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.

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011974100**

Facility Name (current) : **Largo Medical Center**

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$721,817
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$721,817
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	$((C \times .75) - D) = (E)$	\$541,363

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
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JUSTIN M. SENIOR
SECRETARY

April 2, 2018

Sandy Sosa-Guerrero
Larkin Community Hospital
5996 Southwest 70th Street, 5th Floor
South Miami, Florida 33143-4701

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$134,791 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.

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Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012005700**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$134,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$134,791
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	((C x .75) - D) = (E)	\$101,093

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 2, 2018

Steven D. Sonenreich
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140-2800

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,407,843 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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010046300**

Facility Name (current) : **Mount Sinai Medical Center**

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$2,407,843
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$2,407,843
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	((C x .75) - D) = (E)	\$1,805,882

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
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JUSTIN M. SENIOR
SECRETARY

April 2, 2018

David Strong, President & CEO
Orlando Regional Medical Center
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010133800**

Dear Mr. Strong:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$10,753,953 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.

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010133800**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$10,753,953
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$10,753,953
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	((C x .75) - D) = (E)	\$8,065,465

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
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JUSTIN M. SENIOR
SECRETARY

April 2, 2018

Michael Gittleman
University of Miami Hospital
1400 North West 12th Avenue
Miami, Florida 33136-1087

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010036600**

Dear Mr. Gittleman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$673,331 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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010036600**

Facility Name (current) : **University of Miami Hospital**

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$673,331
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$673,331
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 3 Payment [1] [2]	$((C \times .75) - D) = (E)$	\$504,998

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.