



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Michael Gittelman
Anne Bates Leach Eye Hospital
900 Northwest 17th Street
Miami, Florida 33136-1119

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011648300**

Dear Mr. Gittelman:

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 \$53,896 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011648300**

Facility Name (current) : **Anne Bates Leach Eye Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$53,896
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$53,896
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$40,422

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Lee Chaykin
Aventura Hospital and Medical Center
20900 Biscayne Boulevard
Aventura, Florida 33180-1407

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012037500**

Dear Mr. Chaykin:

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 \$57,583 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012037500**

Facility Name (current) : **Aventura Hospital and Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$57,583
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$57,583
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$43,187

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mark Faulkner
Baptist Hospital Inc.
1000 West Moreno Street
Pensacola, Florida 32501-2316

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010074900**

Dear Mr. Faulkner:

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 \$126,332 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010074900**

Facility Name (current) : **Baptist Hospital Inc.**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$126,332
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$126,332
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$94,749

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bo Boulenger
Baptist Hospital of Miami, Inc.
8900 North Kendall Drive
Miami, Florida 33176

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010035800**

Dear Mr. Boulenger:

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 \$301,344 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 and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010035800**

Facility Name (current) : **Baptist Hospital of Miami, Inc.**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$301,344
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$301,344
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$226,008

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Joseph Mitrick
Baptist Medical Center - Beaches
1350 13th Avenue South
Jacksonville Beach, Florida 32250-3205

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010232600**

Dear Mr. Mitrick:

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 \$60,697 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010232600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$60,697
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$60,697
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$45,523

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

A. Hugh Greene
Baptist Medical Center Downtown
800 Prudential Drive
Jacksonville, Florida 32207-8202

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010064100**

Dear Mr. Greene:

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 \$478,968 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010064100**

Facility Name (current) : **Baptist Medical Center Downtown**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$478,968
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$478,968
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$359,226

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Philip Minden
Bartow Regional Medical Center
P.O. Box 1050
Bartow, Florida 33831-1050

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012041300**

Dear Mr. Minden:

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 \$4,364 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012041300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$4,364
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$4,364
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$3,273

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Stephen Grubbs
Bay Medical Center Sacred Heart Health System
615 North Bonita Avenue
Panama City, Florida 32401-3623

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010006400**

Dear Mr. Grubbs:

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 \$24,368 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010006400**

Facility Name (current) : **Bay Medical Center Sacred Heart Health System**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$24,368
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$24,368
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$18,276

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Kathryn Gillette
Bayfront Health - Saint Petersburg
701 6th Street South
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010156700**

Dear Ms. Gillette:

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 \$68,666 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health - Saint Petersburg**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$68,666
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$68,666
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$51,500

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Kenneth Wicker
Bayfront Health Brooksville
17240 Cortez Boulevard
Brooksville, Florida 34601-3200

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010087100**

Dear Mr. Wicker:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,207 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010087100**

Facility Name (current) : **Bayfront Health Brooksville**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,207
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$3,207
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$2,405

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Shauna McKinnon
Pasco Regional Medical Center
13100 Fort King Road
Dade City, Florida 33525-5294

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010959200**

Dear Ms. McKinnon:

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 \$1,516 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010959200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$1,516
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,137

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Tim Cerullo
Bayfront Health Port Charlotte
2500 Harbor Boulevard
Port Charlotte, Florida 33952-5000

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010028500**

Dear Mr. Cerullo:

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 \$20,035 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010028500**

Facility Name (current) : **Bayfront Health Port Charlotte**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$20,035
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$20,035
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$15,026

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Andrew Emery
Bayfront Health Punta Gorda
809 East Marion Avenue
Punta Gorda, Florida 33950-3819

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010027700**

Dear Mr. Emery:

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 \$2,490 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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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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010027700**

Facility Name (current) : **Bayfront Health Punta Gorda**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$2,490
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,868

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Roger Kirk
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435-7934

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010140100**

Dear Mr. Kirk:

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 \$86,535 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 and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010140100**

Facility Name (current) : **Bethesda Hospital East**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$86,535
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$86,535
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$64,901

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Daniel Friedrich
Blake Medical Center
2020 59th Street West
Bradenton, Florida 34209

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011021300**

Dear Mr. Friedrich:

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 \$31,373 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011021300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$31,373
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$31,373
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$23,530

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bland Eng
Brandon Regional Hospital
119 Oakfield Drive
Brandon, Florida 33511-5779

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011807900**

Dear Mr. Eng:

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 \$84,498 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011807900**

Facility Name (current) : **Brandon Regional Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$84,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$84,498
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$63,374

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mark Robinson
Capital Regional Medical Center
2626 Capital Medical Boulevard
Tallahassee, Florida 32308-4402

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011980600**

Dear Mr. Robinson:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,525 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011980600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,525
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$8,525
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,394

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Wendy Brandon
Central Florida Regional Hospital
1401 West Seminole Boulevard
Sanford, Florida 32771-6737

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010178800**

Dear Ms. Brandon:

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 \$14,703 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010178800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$14,703
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$14,703
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$11,027

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ralph A. Aleman
Citrus Memorial Hospital
502 West Highland Boulevard
Inverness, Florida 34452-4754

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010219900**

Dear Mr. Aleman:

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 \$29,306 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010219900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$29,306
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$29,306
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$21,980

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Patrick Downes
Coral Gables Hospital
3100 Douglas Road
Coral Gables, Florida 33134-6914

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010960600**

Dear Mr. Downes:

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 \$29,710 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010960600**

Facility Name (current) : **Coral Gables Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$29,710
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$29,710
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$22,283

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mark Bryan
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484-6514

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012009000**

Dear Mr. Bryan:

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 \$37,012 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012009000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$37,012
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$37,012
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$27,759

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Nelson Lazo
Doctors' Hospital
5000 University Drive
Coral Gables, Florida 33146-2094

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010354300**

Dear Mr. Lazo:

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 \$41,665 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010354300**

Facility Name (current) : **Doctors' Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$41,665
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$41,665
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$31,249

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Robert Meade
Doctors Hospital of Sarasota
5731 Bee Ridge Road
Sarasota, Florida 34233-5056

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011995400**

Dear Mr. Meade:

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 \$11,215 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011995400**

Facility Name (current) : **Doctors Hospital of Sarasota**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$11,215
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$11,215
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$8,411

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Valerie Powell-Stafford
Englewood Community Hospital
700 Medical Boulevard
Englewood, Florida 34223-3964

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010253900**

Dear Ms. Powell-Stafford:

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 \$2,221 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010253900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,221
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$2,221
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,666

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bill Hawley
Fawcett Memorial Hospital
21298 Olean Boulevard
Port Charlotte, Florida 33952-6705

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011746300**

Dear Mr. Hawley:

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 \$11,532 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011746300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$11,532
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$11,532
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$8,649

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Hal Leftwich
Fishermen's Hospital
3301 Overseas Highway
Marathon, Florida 33050-2329

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010120600**

Dear Mr. Leftwich:

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 \$1,663 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010120600**

Facility Name (current) : **Fishermen's Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,663
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$1,663
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,247

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Joseph S. Gordy
Flagler Hospital
400 Health Park Boulevard
Saint Augustine, Florida 32086-5784

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010171100**

Dear Mr. Gordy:

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 \$71,718 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010171100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$71,718
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$71,718
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$53,789

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Joe Johnson
Florida Hospital Carrollwood
7171 North Dale Mabry Highway
Tampa, Florida 33614-2670

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010094300**

Dear Mr. Johnson:

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 \$51,052 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010094300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$51,052
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$51,052
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$38,289

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Lorenzo Brown
Florida Hospital Deland
701 West Plymouth Avenue
Deland, Florida 32720-3236

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010187700**

Dear Mr. Brown:

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 \$20,120 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010187700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$20,120
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$20,120
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$15,090

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Robert Deininger
Florida Hospital Fish Memorial
1055 Saxon Boulevard
Orange City, Florida 32763-8468

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010182600**

Dear Mr. Deininger:

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 \$18,560 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010182600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$18,560
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$18,560
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$13,920

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ron Jimenez
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164-5980

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010189300**

Dear Mr. Jimenez:

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 \$7,067 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010189300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$7,067
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$7,067
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$5,300

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bruce Bergherm
Florida Hospital Heartland Medical Center
P.O. Box 9400
Sebring, Florida 33870-9400

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010090100**

Dear Mr. Bergherm:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$28,072 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010090100**

Facility Name (current) : **Florida Hospital Heartland Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$28,072
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$28,072
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$21,054

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ed Noseworthy
Florida Hospital Memorial Medical Center
301 Memorial Medical Parkway
Daytona Beach, Florida 32117

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010186900**

Dear Mr. Noseworthy:

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 \$24,637 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010186900**

Facility Name (current) : **Florida Hospital Memorial Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$24,637
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$24,637
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$18,478

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Patricia Williams
Florida Hospital North Pinellas
1395 South Pinellas Avenue
Tarpon Springs, Florida 34689-3790

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010161300**

Dear Ms. Williams:

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 \$28,892 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010161300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$28,892
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$28,892
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$21,669

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Abel Biri
Florida Hospital Waterman
1000 Waterman Way
Tavares, Florida 32778-5266

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010109500**

Dear Mr. Biri:

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 \$62,146 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010109500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$62,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$62,146
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$46,610

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Denyse Bales-Chubb
Florida Hospital Wesley Chapel
2600 Bruce B. Downs Boulevard
Wesley Chapel, FL 33544

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 005456800**

Dear Ms. Bales-Chubb:

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 \$35,846 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **005456800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$35,846
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$35,846
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$26,885

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mitch Mongell
Fort Walton Beach Medical Center
1000 Mar-Walt Drive
Fort Walton Beach, Florida 32547-6708

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011132500**

Dear Mr. Mongell:

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 \$12,692 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011132500**

Facility Name (current) : **Fort Walton Beach Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$12,692
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$12,692
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$9,519

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mark Nosacka
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, Florida 33401-3401

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010152400**

Dear Mr. Nosacka:

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 \$80,144 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010152400**

Facility Name (current) : **Good Samaritan Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$80,144
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$80,144
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$60,108

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bradley Griffin
Gulf Coast Regional Medical Center
449 West 23rd Street
Panama City, Florida 32405-4507

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011761700**

Dear Mr. Griffin:

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 \$11,258 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011761700**

Facility Name (current) : **Gulf Coast Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$11,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$11,258
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$8,444

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Greg Ohe
Health Central
10000 West Colonial Drive
Ocoee, Florida 34761-3499

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010135400**

Dear Mr. Ohe:

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 \$66,045 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010135400**

Facility Name (current) : **Health Central**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$66,045
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$66,045
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$49,534

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ann Barnhart
Heart of Florida Regional Medical Center
P.O. Box 67
Haines City, Florida 33837-5906

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010228800**

Dear Ms. Barnhart:

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 \$2,923 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010228800**

Facility Name (current) : **Heart of Florida Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$2,923
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$2,192

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Jack Montois
Highlands Regional Medical Center
3600 South Highlands Avenue
Sebring, Florida 33870-5416

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010089700**

Dear Mr. Montois:

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 \$1,669 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010089700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,669
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$1,669
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,252

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Gina Melby
JFK Medical Center
5301 South Congress Avenue
Atlantis, Florida 33462-1149

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010146000**

Dear Ms. Melby:

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 \$105,510 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010146000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$105,510
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$105,510
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$79,133

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

John D. Couris
Jupiter Medical Center
1210 South Old Dixie Highway
Jupiter, Florida 33458-7205

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012029400**

Dear Mr. D. Couris:

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 \$36,852 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012029400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$36,852
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$36,852
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$27,639

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Brandon Haushalter
Kendall Regional Medical Center
11750 Southwest 40th Street
Miami, Florida 33175 - 3530

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012013800**

Dear Mr. Haushalter:

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 \$100,591 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012013800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$100,591
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$100,591
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$75,443

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mark Miller
Lake City Medical Center
340 Northwest Commerce Drive
Lake City, Florida 32055-4709

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011976800**

Dear Mr. Miller:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,225 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011976800**

Facility Name (current) : **Lake City Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$3,225
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$2,419

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Rebecca Brewer
Lake Wales Medical Center
410 South 11th Street
Lake Wales, Florida 33853--4203

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010166400**

Dear Ms. Brewer:

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 \$4,391 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010166400**

Facility Name (current) : **Lake Wales Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$4,391
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$4,391
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$3,293

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Kevin DiLallo
Lakewood Ranch Medical Center
8330 Lakewood Ranch Blvd 34202
Lakewood Ranch, Florida 34202

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010342000**

Dear Mr. DiLallo:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$16,231 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,

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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010342000**

Facility Name (current) : **Lakewood Ranch Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$16,231
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$16,231
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$12,173

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bob Krieger
Lawnwood Regional Medical Center & Heart Institute
1700 South 23rd Street
Fort Pierce, Florida 34950-4899

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011969500**

Dear Mr. Krieger:

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 \$25,154 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011969500**

Facility Name (current) : **Lawnwood Regional Medical Center & Heart Institute**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$25,154
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$25,154
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$18,866

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Gary Bell
Lehigh Regional Medical Center
1500 Lee Boulevard
Lehigh Acres, Florida 33936-5100

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010111700**

Dear Mr. Bell:

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 \$310 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010111700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$310
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$310
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$233

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Stephen Pennington
Lower Keys Medical Center
P.O. Box 9107
Key West, Florida 33041

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010119200**

Dear Mr. Pennington:

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 \$11,005 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010119200**

Facility Name (current) : **Lower Keys Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$11,005
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$11,005
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$8,254

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Robert L. Lord, Jr.
Martin Memorial Hospital South
P.O. Box 9010
Stuart, Florida 34995 -9033

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010118400**

Dear Mr. L. Lord, Jr.:

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 \$129,163 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010118400**

Facility Name (current) : **Martin Memorial Hospital South**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$129,163
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$129,163
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$96,872

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Louis Galdieri
Mease Countryside Hospital
3231 McMullen Booth Road
Safety harbor, Florida 34695

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012008100**

Dear Mr. Galdieri:

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 \$117,175 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012008100**

Facility Name (current) : **Mease Countryside Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$117,175
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$117,175
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$87,881

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Leigh Massengill
Medical Center of Trinity
9330 State Road 54
Trinity, Florida 34635

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010552000**

Dear Ms. Massengill:

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 \$30,952 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010552000**

Facility Name (current) : **Medical Center of Trinity**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$30,952
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$30,952
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$23,214

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bradley Talbert
Memorial Hospital Jacksonville
3625 University Boulevard South
Jacksonville, Florida 32216-4207

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010193100**

Dear Mr. Talbert:

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 \$14,786 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010193100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$14,786
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$14,786
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$11,090

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ward Boston
Memorial Hospital of Tampa
2901 West Swann Avenue
Tampa, Florida 33609-4056

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011279800**

Dear Mr. Boston:

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 \$12,921 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011279800**

Facility Name (current) : **Memorial Hospital of Tampa**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$12,921
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$12,921
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$9,691

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Bob Moore
Munroe Regional Medical Center
1500 Southwest 1st Avenue
Ocala, Florida 34474-4029

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010117600**

Dear Mr. Moore:

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 \$1,929 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010117600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,929
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$1,929
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,447

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Allen S. Weiss, M.D.
Naples Community Hospital
350 7th Street North
Naples, Florida 34102-5730

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010031500**

Dear Mr. Weiss:

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 \$151,884 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010031500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$151,884
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$151,884
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$113,913

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Brian Cook
North Florida Regional Medical Center
P.O. Box 147006
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010862600**

Dear Mr. Cook:

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 \$16,074 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010862600**

Facility Name (current) : **North Florida Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$16,074
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$16,074
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$12,056

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ronald Daves
North Okaloosa Medical Center
151 Redstone Avenue Southeast
Crestview, Florida 32539-5352

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010126500**

Dear Mr. Daves:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,654 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010126500**

Facility Name (current) : **North Okaloosa Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,654
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$8,654
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,491

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Manny Linares
North Shore Medical Center
1100 Northwest 95th Street
Miami, Florida 33150-2098

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010049800**

Dear Mr. Linares:

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 \$73,458 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010049800**

Facility Name (current) : **North Shore Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$73,458
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$73,458
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$55,094

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Michael Kozar
Northwest Florida Community Hospital
P.O. Box 889
Chipley, Florida 32428-0889

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010190700**

Dear Mr. Kozar:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,043 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010190700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,043
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$3,043
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	$((C \times .75) - D) = (E)$	\$2,282

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Erica Gulrich
Northwest Medical Center
2801 North State Road 7
Margate, Florida 33063-5621

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010459100**

Dear Ms. Gulrich:

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 \$35,476 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010459100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$35,476
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$35,476
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$26,607

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mickey Smith
Oak Hill Hospital
11375 Cortez Boulevard
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012007300**

Dear Mr. Smith:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$10,307 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012007300**

Facility Name (current) : **Oak Hill Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,307
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$10,307
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$7,730

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Chad Christianson
Ocala Regional Medical Center
1431 Southwest 1st Avenue
Ocala, Florida 34474-4000

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010988600**

Dear Mr. Christianson:

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 \$20,349 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010988600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$20,349
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$20,349
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$15,262

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Chad Patrick
Orange Park Medical Center
2001 Kingsley Avenue
Orange Park, Florida 32073-5418

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011174100**

Dear Mr. Patrick:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$9,325 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011174100**

Facility Name (current) : **Orange Park Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$9,325
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$9,325
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,994

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Robert Krieger
Osceola Regional Medical Center
700 West Oak St
Kissimmee, Florida 34741-4996

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010138900**

Dear Mr. Krieger:

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 \$16,989 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010138900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$16,989
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$16,989
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$12,742

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Jeffrey Welch
Palm Beach Gardens Medical Center
3360 Burns Road
Palm Beach Gardens, Florida 33410-4323

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010210500**

Dear Mr. Welch:

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 \$45,827 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010210500**

Facility Name (current) : **Palm Beach Gardens Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$45,827
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$45,827
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$34,370

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ana Mederos
Palmetto General Hospital
2001 West 68th Street
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010460400**

Dear Ms. Mederos:

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 \$60,506 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010460400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$60,506
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$60,506
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$45,380

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Sharon Hayes
Palms of Pasadena Hospital
1501 Pasadena Avenue South
Saint Petersburg, Florida 33707-3717

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012011100**

Dear Ms. Hayes:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,597 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012011100**

Facility Name (current) : **Palms of Pasadena Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,597
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$8,597
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,448

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Eric Goldman
Palms West Hospital
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012026000**

Dear Mr. Goldman:

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 \$35,694 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012026000**

Facility Name (current) : **Palms West Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$35,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$35,694
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$26,771

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Scott Lowe
Physicians Regional Medical Center - Pine Ridge
6101 Pine Ridge Road Ext 4th Floor
Naples, Florida 34119-3900

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010314400**

Dear Mr. Lowe:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,796 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010314400**

Facility Name (current) : **Physicians Regional Medical Center - Pine Ridge**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,796
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$8,796
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,597

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Madeline Nava
Plantation General Hospital
401 Northwest 42nd Avenue
Plantation, Florida 33317-2835

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012000600**

Dear Ms. Nava:

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 \$77,793 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012000600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$77,793
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$77,793
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$58,345

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Christopher Mosley
Putnam Community Medical Center
611 Zeagler Drive
Palatka, Florida 32177-3810

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011351400**

Dear Mr. Mosley:

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 \$10,857 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011351400**

Facility Name (current) : **Putnam Community Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,857
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$10,857
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$8,143

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Brian Melear
Raulerson Hospital
1796 Highway 441 North
Okeechobee, Florida 34972-1918

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011975000**

Dear Mr. Melear:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,942 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011975000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,942
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$8,942
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,707

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

C. Shayne George
Regional Medical Center Bayonet Point
14000 Fivay Road
Hudson, Florida 34667-7103

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011988100**

Dear Mr. George:

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 \$47,598 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011988100**

Facility Name (current) : **Regional Medical Center Bayonet Point**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$47,598
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$47,598
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$35,699

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Susan Davis
Sacred Heart Hospital
5151 North 9th Avenue
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010076500**

Dear Ms. Davis:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$159,126 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010076500**

Facility Name (current) : **Sacred Heart Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$159,126
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$159,126
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$119,345

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Susan Davis
Sacred Heart Hospital of The Emerald Coast
7800 U S Highway 98 West
Destin, Florida 32550-7234

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010323300**

Dear Ms. Davis:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$36,335 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010323300**

Facility Name (current) : **Sacred Heart Hospital of The Emerald Coast**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$36,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$36,335
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$27,251

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Doug Sills
Santa Rosa Medical Center
6002 Berryhill Road
Milton, Florida 32570-5062

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010174500**

Dear Mr. Sills:

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 \$770 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010174500**

Facility Name (current) : **Santa Rosa Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$770
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$770
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$578

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Austin Brown
Seven Rivers Regional Medical Center
6201 North Suncoast Boulevard
Crystal River, Florida 34428-6712

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011998900**

Dear Mr. Brown:

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 \$2,032 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011998900**

Facility Name (current) : **Seven Rivers Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,032
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$2,032
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,524

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Rhonda Sherrod
Shands Lake Shore Regional Medical Center
368 Northeast Franklin Street
Lake City, 32055

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010033100**

Dear Ms. Sherrod:

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 \$7,312 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$7,312
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$7,312
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$5,484

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Richard Huth
Shands Live Oak Regional Medical Center
1100 Southwest 11th Street
Live Oak, , Florida 32064

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010179600**

Dear Ms. Huth:

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 \$440 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010179600**

Facility Name (current) : **Shands Live Oak Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$440
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$440
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$330

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Holly Edwards
Shands Starke Regional Medical Center
922 East Call Street
Starke, Florida 32091

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010007200**

Dear Ms. Edwards:

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 \$475 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010007200**

Facility Name (current) : **Shands Starke Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$475
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$475
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$356

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Sharon Roush
South Bay Hospital
4016 Sun City Center Boulevard
Sun City Center, Florida 33573

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011994600**

Dear Ms. Roush:

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 \$14,036 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011994600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$14,036
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$14,036
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$10,527

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

John Moore
South Lake Hospital
1900 Don Wickham Drive
Clermont, Florida 34711-2787

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010108700**

Dear Mr. Moore:

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 \$60,547 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010108700**

Facility Name (current) : **South Lake Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$60,547
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$60,547
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$45,410

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Lincoln Mendez
South Miami Hospital Inc
6200 Southwest 73rd Street
Miami, Florida 33143

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010058700**

Dear Mr. Mendez:

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 \$156,561 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010058700**

Facility Name (current) : **South Miami Hospital Inc**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$156,561
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$156,561
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$117,421

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Joey Bulfin
Saint Mary's Medical Center
901 45th Street
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010148600**

Dear Mr. Bulfin:

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 \$58,990 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010148600**

Facility Name (current) : **Saint Mary's Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$58,990
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$58,990
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$44,243

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Brent Burish
St. Cloud Regional Medical Center
2906 17th Street
St. Cloud, Florida 34769

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010346200**

Dear Mr. Burish:

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 \$759 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010346200**

Facility Name (current) : **St. Cloud Regional Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$759
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$759
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$569

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Lorraine Lutton, President
Saint Joseph's Hospital
3001 West Dr. Martin Luther King Jr. Boulevard
Tampa, Florida 33607-6307

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010097800**

Dear Ms. Lutton:

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 \$459,294 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010097800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$459,294
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$459,294
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$344,471

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Jay Finnegan
St. Lucie Medical Center
1800 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7521

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011997100**

Dear Mr. Finnegan:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$9,226 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011997100**

Facility Name (current) : **St. Lucie Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$9,226
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$9,226
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$6,920

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Janice Balzano
Saint Petersburg General Hospital
6500 38th Avenue North
Saint Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012010300**

Dear Ms. Balzano:

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 \$22,257 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012010300**

Facility Name (current) : **Saint Petersburg General Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$22,257
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$22,257
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$16,693

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Tom Vanosdol
St. Vincent's Medical Center Clay County
1670 St. Vincent's Way
Middleburg, Florida 32068-8447

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 009701300**

Dear Mr. Vanosdol:

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 \$18,906 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **009701300**

Facility Name (current) : **St. Vincent's Medical Center Clay County**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$18,906
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$18,906
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$14,180

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Tom Vanosdol
Saint Vincent's Medical Center Riverside
1800 Barrs Street
Jacksonville, Florida 32204

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010073100**

Dear Mr. Vanosdol:

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 \$126,885 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010073100**

Facility Name (current) : **Saint Vincent's Medical Center Riverside**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$126,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$126,885
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$95,164

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Tom Vanosdol
St. Vincent's Medical Center Southside
4201 Belfort Road
Jacksonville, Florida 32216-1431

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010373000**

Dear Mr. Vanosdol:

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 \$40,121 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010373000**

Facility Name (current) : **St. Vincent's Medical Center Southside**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$40,121
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$40,121
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$30,091

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

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 \$158,985 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010113300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$158,985
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$158,985
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$119,239

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Donald G. Henderson
Villages Regional Hospital, The
1451 El Camino Real
The Villages, FL 32159-0041

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010317900**

Dear Mr. Henderson:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$22,616 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010317900**

Facility Name (current) : **Villages Regional Hospital, The**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$22,616
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$22,616
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$16,962

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

David A. Whalen
Twin Cities Hospital
2190 Highway 85 North
Niceville, Florida 32578-1045

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010125700**

Dear Mr. Whalen:

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 \$2,550 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010125700**

Facility Name (current) : **Twin Cities Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,550
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$2,550
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,913

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Joseph D. Melchiode, FACHE
University Hospital and Medical Center
7201 North University Drive
Tamarac, Florida 33321-2913

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011280100**

Dear Mr. Melchiode:

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 \$37,318 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011280100**

Facility Name (current) : **University Hospital and Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$37,318
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$37,318
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$27,989

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Richard Ballard
University of Miami Hospital and Clinics
1475 Northwest 12th Avenue
Miami, Florida 33136-1086

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010047100**

Dear Mr. Ballard:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,177 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010047100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,177
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$3,177
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$2,383

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Aaron Robinson
Viera Hospital
8475 North Wickham Road
Melbourne, Florida 32940

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 003158800**

Dear Mr. Robinson:

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

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$18,809 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **003158800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$18,809
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$18,809
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$14,107

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Robbin Lee
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Wellington, Florida 33414

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010213000**

Dear Ms. Lee:

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 \$48,118 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010213000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$48,118
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$48,118
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$36,089

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Mitch Feldman
West Boca Medical Center
21644 State Road 7
Boca Raton, Florida 33428-1842

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 012024300**

Dear Mr. Feldman:

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 \$15,333 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **012024300**

Facility Name (current) : **West Boca Medical Center**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$15,333
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$15,333
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$11,500

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Brian Baumgardner
West Florida Hospital
8383 North Davis Highway
Pensacola, Florida 32514-6039

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011321200**

Dear Mr. Baumgardner:

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 \$11,046 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011321200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$11,046
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$11,046
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$8,285

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Javier Hernandez-Lichtz
West Kendall Baptist Hospital
9555 Southwest 162 Avenue
Miami, Florida 33196

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 003226500**

Dear Mr. Hernandez-Lichtz:

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 \$90,690 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **003226500**

Facility Name (current) : **West Kendall Baptist Hospital**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$90,690
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$90,690
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$68,018

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Barbara Simmons
Westside Regional Medical Center
8201 W Broward Boulevard
Plantation, Florida 33324-2701

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 011230500**

Dear Ms. Simmons:

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 \$31,943 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **011230500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$31,943
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$31,943
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$23,957

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Ron Gicca
Wuesthoff Health System-Melbourne
250 North Wickman Road
Melbourne, Florida 32940

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010320900**

Dear Mr. Gicca:

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 \$2,171 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010320900**

Facility Name (current) : **Wuesthoff Health System-Melbourne**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,171
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$2,171
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$1,628

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 10, 2018

Gary Malaer
Wuesthoff Medical Center - Rockledge
110 Longwood Avenue
Rockledge, Florida 32955-2828

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Payment.
Medicaid Number: 010011100**

Dear Mr. Malaer:

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 \$4,382 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 4

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010011100**

Facility Name (current) : **Wuesthoff Medical Center - Rockledge**

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$4,382
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 4 Payments	(A - B) = (C)	\$4,382
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 4 Payment [1]	((C x .75) - D) = (E)	\$3,287

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