



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$50,939 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 Second Payment

Medicaid Number : **011648300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$50,939
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)	\$50,939
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$40,422
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$10,517

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$54,423 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 Second Payment

Medicaid Number : **012037500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$54,423
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)	\$54,423
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$43,187
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$11,236

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$119,399 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 Second Payment

Medicaid Number : **010074900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$119,399
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)	\$119,399
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$94,749
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$24,650

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$284,806 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 Second Payment

Medicaid Number : **010035800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$284,806
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)	\$284,806
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$226,008
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$58,798

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$57,366 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 Second Payment

Medicaid Number : **010232600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$57,366
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)	\$57,366
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$45,523
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$11,843

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$452,682 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 Second Payment

Medicaid Number : **010064100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$452,682
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)	\$452,682
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$359,226
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$93,456

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$4,125 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 Second Payment

Medicaid Number : **012041300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$4,125
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)	\$4,125
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$3,273
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$852

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 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
Second 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$23,031 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 Second 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)	\$23,031
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)	\$23,031
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$18,276
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$4,755

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$64,897 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 Second Payment

Medicaid Number : **010156700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$64,897
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)	\$64,897
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$51,500
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$13,397

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$3,031 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 Second Payment

Medicaid Number : **010087100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,031
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)	\$3,031
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$2,405
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$626

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$1,432 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 Second Payment

Medicaid Number : **010959200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,432
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)	\$1,432
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,137
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$295

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$18,936 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 Second Payment

Medicaid Number : **010028500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$18,936
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)	\$18,936
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$15,026
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,910

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$2,353 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 Second Payment

Medicaid Number : **010027700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,353
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)	\$2,353
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,868
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$485

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$81,786 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.

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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 Second Payment

Medicaid Number : **010140100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$81,786
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)	\$81,786
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$64,901
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$16,885

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$29,651 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 Second Payment

Medicaid Number : **011021300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$29,651
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)	\$29,651
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$23,530
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$6,121

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$79,861 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 Second Payment

Medicaid Number : **011807900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$79,861
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)	\$79,861
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$63,374
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$16,487

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,057 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 Second Payment

Medicaid Number : **011980600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,057
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)	\$8,057
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,394
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,663

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$13,896 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 Second Payment

Medicaid Number : **010178800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$13,896
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)	\$13,896
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$11,027
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,869

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$27,698 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 Second Payment

Medicaid Number : **010219900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$27,698
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)	\$27,698
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$21,980
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$5,718

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$28,080 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 Second Payment

Medicaid Number : **010960600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$28,080
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)	\$28,080
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$22,283
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$5,797

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$34,981 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 Second Payment

Medicaid Number : **012009000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$34,981
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)	\$34,981
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$27,759
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$7,222

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$39,379 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 Second Payment

Medicaid Number : **010354300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$39,379
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)	\$39,379
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$31,249
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$8,130

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$10,600 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **011995400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,600
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)	\$10,600
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$8,411
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,189

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$2,099 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 Second Payment

Medicaid Number : **010253900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,099
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)	\$2,099
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,666
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$433

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$10,899 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 Second Payment

Medicaid Number : **011746300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,899
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)	\$10,899
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$8,649
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,250

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$1,571 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 Second Payment

Medicaid Number : **010120600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,571
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)	\$1,571
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,247
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$324

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$67,782 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 Second Payment

Medicaid Number : **010171100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$67,782
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)	\$67,782
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$53,789
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$13,993

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$48,251 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 Second Payment

Medicaid Number : **010094300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$48,251
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)	\$48,251
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$38,289
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$9,962

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$19,016 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 Second Payment

Medicaid Number : **010187700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$19,016
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)	\$19,016
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$15,090
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,926

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$17,542 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 Second Payment

Medicaid Number : **010182600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$17,542
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)	\$17,542
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$13,920
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,622

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$6,679 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 Second Payment

Medicaid Number : **010189300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$6,679
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)	\$6,679
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$5,300
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,379

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$26,531 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 Second Payment

Medicaid Number : **010090100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$26,531
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)	\$26,531
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$21,054
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$5,477

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$23,285 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 Second Payment

Medicaid Number : **010186900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$23,285
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)	\$23,285
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$18,478
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$4,807

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$27,306 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 Second Payment

Medicaid Number : **010161300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$27,306
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)	\$27,306
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$21,669
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$5,637

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$58,735 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 Second Payment

Medicaid Number : **010109500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$58,735
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)	\$58,735
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$46,610
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$12,125

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$33,879 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 Second Payment

Medicaid Number : **005456800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$33,879
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)	\$33,879
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$26,885
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$6,994

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$11,996 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 Second Payment

Medicaid Number : **011132500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$11,996
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)	\$11,996
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$9,519
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,477

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$75,746 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 Second Payment

Medicaid Number : **010152400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$75,746
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)	\$75,746
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$60,108
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$15,638

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$10,640 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 Second Payment

Medicaid Number : **011761700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,640
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)	\$10,640
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$8,444
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,196

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$62,420 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 Second Payment

Medicaid Number : **010135400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$62,420
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)	\$62,420
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$49,534
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$12,886

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$2,762 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 Second Payment

Medicaid Number : **010228800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,762
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)	\$2,762
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$2,192
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$570

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$1,577 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 Second Payment

Medicaid Number : **010089700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,577
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)	\$1,577
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,252
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$325

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$99,719 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 Second Payment

Medicaid Number : **010146000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$99,719
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)	\$99,719
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$79,133
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$20,586

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

Dear Mr. 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$34,830 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 Second Payment

Medicaid Number : **012029400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$34,830
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)	\$34,830
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$27,639
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$7,191

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$95,071 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 Second Payment

Medicaid Number : **012013800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$95,071
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)	\$95,071
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$75,443
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$19,628

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$3,048 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 Second Payment

Medicaid Number : **011976800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,048
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)	\$3,048
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$2,419
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$629

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$4,150 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 Second Payment

Medicaid Number : **010166400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$4,150
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)	\$4,150
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$3,293
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$857

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$15,340 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 Second Payment

Medicaid Number : **010342000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$15,340
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)	\$15,340
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$12,173
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,167

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$23,774 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 Second Payment

Medicaid Number : **011969500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$23,774
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)	\$23,774
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$18,866
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$4,908

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$293 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 Second Payment

Medicaid Number : **010111700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$293
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)	\$293
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$233
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$ 60

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$10,401 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 Second Payment

Medicaid Number : **010119200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,401
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)	\$10,401
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$8,254
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,147

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

Dear Mr. 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$122,074 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 Second Payment

Medicaid Number : **010118400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$122,074
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)	\$122,074
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$96,872
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$25,202

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$110,744 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 Second Payment

Medicaid Number : **012008100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$110,744
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)	\$110,744
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$87,881
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$22,863

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$29,253 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 Second Payment

Medicaid Number : **010552000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$29,253
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)	\$29,253
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$23,214
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$6,039

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$13,975 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 Second Payment

Medicaid Number : **010193100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$13,975
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)	\$13,975
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$11,090
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,885

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$12,212 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 Second Payment

Medicaid Number : **011279800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$12,212
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)	\$12,212
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$9,691
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,521

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$1,823 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 Second Payment

Medicaid Number : **010117600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,823
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)	\$1,823
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,447
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$376

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$143,549 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 Second Payment

Medicaid Number : **010031500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$143,549
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)	\$143,549
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$113,913
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$29,636

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$15,192 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 Second Payment

Medicaid Number : **010862600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$15,192
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)	\$15,192
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$12,056
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,136

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,179 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 Second Payment

Medicaid Number : **010126500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,179
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)	\$8,179
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,491
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,688

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$69,427 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 Second Payment

Medicaid Number : **010049800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$69,427
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)	\$69,427
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$55,094
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$14,333

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$2,876 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 Second Payment

Medicaid Number : **010190700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,876
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)	\$2,876
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$2,282
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$594

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$33,529 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **010459100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$33,529
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)	\$33,529
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$26,607
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$6,922

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$9,742 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 Second Payment

Medicaid Number : **012007300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$9,742
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)	\$9,742
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$7,730
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,012

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$19,232 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 Second Payment

Medicaid Number : **010988600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$19,232
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)	\$19,232
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$15,262
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,970

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,813 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 Second Payment

Medicaid Number : **011174100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,813
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)	\$8,813
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,994
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,819

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$16,056 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 Second Payment

Medicaid Number : **010138900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$16,056
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)	\$16,056
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$12,742
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,314

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$43,312 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 Second Payment

Medicaid Number : **010210500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$43,312
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)	\$43,312
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$34,370
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$8,942

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$57,185 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 Second Payment

Medicaid Number : **010460400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$57,185
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)	\$57,185
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$45,380
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$11,805

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,125 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 Second Payment

Medicaid Number : **012011100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,125
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)	\$8,125
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,448
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,677

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$33,735 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 Second Payment

Medicaid Number : **012026000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$33,735
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)	\$33,735
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$26,771
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$6,964

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 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
Second 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,313 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 Second Payment

Medicaid Number : **010314400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,313
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)	\$8,313
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,597
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,716

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$73,524 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 Second Payment

Medicaid Number : **012000600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$73,524
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)	\$73,524
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$58,345
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$15,179

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$10,261 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 Second Payment

Medicaid Number : **011351400**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,261
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)	\$10,261
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$8,143
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,118

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,452 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 Second Payment

Medicaid Number : **011975000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,452
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)	\$8,452
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,707
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,745

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$44,986 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 Second Payment

Medicaid Number : **011988100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$44,986
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)	\$44,986
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$35,699
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$9,287

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$150,393 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 Second Payment

Medicaid Number : **010076500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$150,393
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)	\$150,393
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$119,345
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$31,048

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 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
Second 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$34,341 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 Second 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)	\$34,341
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)	\$34,341
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$27,251
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$7,090

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$728 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 Second Payment

Medicaid Number : **010174500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$728
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)	\$728
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$578
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$150

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$1,920 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 Second Payment

Medicaid Number : **011998900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$1,920
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)	\$1,920
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,524
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$396

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$6,911 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 Second Payment

Medicaid Number : **010033100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$6,911
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)	\$6,911
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$5,484
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,427

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

Dear Mr. 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$416 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 Second Payment

Medicaid Number : **010179600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$416
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)	\$416
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$330
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$ 86

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$449 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 Second Payment

Medicaid Number : **010007200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$449
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)	\$449
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$356
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$ 93

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$13,266 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 Second Payment

Medicaid Number : **011994600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$13,266
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)	\$13,266
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$10,527
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,739

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$57,224 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 Second Payment

Medicaid Number : **010108700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$57,224
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)	\$57,224
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$45,410
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$11,814

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$147,969 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 Second Payment

Medicaid Number : **010058700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$147,969
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)	\$147,969
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$117,421
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$30,548

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$55,753 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 Second Payment

Medicaid Number : **010148600**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$55,753
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)	\$55,753
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$44,243
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$11,510

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$717 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 Second Payment

Medicaid Number : **010346200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$717
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)	\$717
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$569
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$148

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 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
Second 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$434,088 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 Second Payment

Medicaid Number : **010097800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$434,088
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)	\$434,088
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$344,471
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$89,617

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$8,720 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 Second Payment

Medicaid Number : **011997100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$8,720
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)	\$8,720
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$6,920
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$1,800

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$21,035 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

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 Second Payment

Medicaid Number : **012010300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$21,035
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)	\$21,035
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$16,693
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$4,342

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 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
Second 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.

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$17,868 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 Second 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)	\$17,868
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)	\$17,868
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$14,180
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,688

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$119,922 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 Second Payment

Medicaid Number : **010073100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$119,922
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)	\$119,922
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$95,164
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$24,758

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$37,919 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 Second Payment

Medicaid Number : **010373000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$37,919
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)	\$37,919
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$30,091
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$7,828

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$150,260 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 Second Payment

Medicaid Number : **010113300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$150,260
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)	\$150,260
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$119,239
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$31,021

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$21,375 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 Second Payment

Medicaid Number : **010317900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$21,375
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)	\$21,375
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$16,962
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$4,413

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$2,410 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 Second Payment

Medicaid Number : **010125700**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,410
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)	\$2,410
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,913
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$497

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$35,270 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 Second Payment

Medicaid Number : **011280100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$35,270
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)	\$35,270
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$27,989
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$7,281

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$3,003 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 Second Payment

Medicaid Number : **010047100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$3,003
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)	\$3,003
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$2,383
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$620

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$17,776 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 Second Payment

Medicaid Number : **003158800**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$17,776
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)	\$17,776
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$14,107
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$3,669

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$45,478 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 Second Payment

Medicaid Number : **010213000**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$45,478
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)	\$45,478
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$36,089
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$9,389

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$14,491 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 Second Payment

Medicaid Number : **012024300**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$14,491
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)	\$14,491
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$11,500
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,991

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$10,439 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 Second Payment

Medicaid Number : **011321200**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$10,439
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)	\$10,439
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$8,285
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$2,154

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$85,713 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 Second Payment

Medicaid Number : **003226500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$85,713
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)	\$85,713
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$68,018
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$17,695

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$30,190 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 Second Payment

Medicaid Number : **011230500**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$30,190
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)	\$30,190
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$23,957
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$6,233

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$2,051 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 Second Payment

Medicaid Number : **010320900**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$2,051
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)	\$2,051
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$1,628
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$423

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 5, 2018

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

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

The enclosed payment and any previously disbursed payments represent 100% of your annual appropriation of \$4,142 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 Second Payment

Medicaid Number : **010011100**

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

Annual LIP Group 1, Tier 4 distribution to your facility	(A)	\$4,142
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)	\$4,142
Total of your LIP Group 1, Tier 4 Payments previously paid in this fiscal year	(D)	\$3,287
Your Second Scheduled LIP Group 1, Tier 4 Payment [1]	(C - D) = (E)	\$855

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