



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 14, 2018

Dr. John A. Rock
Florida International University
11200 SW 8th St.
Miami, FL 33199

**RE: State Fiscal Year 2017 - 2018
4th Quarter Low Income Pool (LIP) Group 2 Payment
Medicaid Number: 005527800**

Dear Dr. Rock:

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

Your second scheduled payment represents 25% (rounded) of your specified annual amount \$1,933,585 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call 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 2

State Fiscal Year 2017 - 2018 4th Quarter Payment

Medicaid Number : **005527800**

Facility Name (current) : **Florida International University**

Annual LIP Group 2 distribution to your facility	(A)	\$1,933,585
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$1,933,585
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	\$1,450,189
Your 4th Quarter LIP Group 2 Payment [1] [2]	(C - D) = (E)	\$483,396

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 13, 2018

Jeremy W. Sibiski
University of Florida Gainesville
1329 SW 16th Street, Ste.3142
Gainesville, FL 32608

**RE: State Fiscal Year 2017 - 2018
Annual Low Income Pool (LIP) Group 2 Payment.
Medicaid Number: 053386600**

Dear Mr. Sibiski:

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

Your payment represents 100% (rounded) of your specified annual amount \$15,454,263 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call 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 2

State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **053386600**

Facility Name (current) : **University of Florida Gainesville**

Annual LIP Group 2 distribution to your facility	(A)	\$15,454,263
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$15,454,263

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 13, 2018

Wendey Clarke Landkrohn
University of Florida Jacksonville
653 West 8th Street, 4th Floor Faculty Clinic
Jacksonville, FL 32209

**RE: State Fiscal Year 2017 - 2018
Annual Low Income Pool (LIP) Group 2 Payment.
Medicaid Number: 373978300**

Dear Ms. Landkrohn:

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

Your payment represents 100% (rounded) of your specified annual amount \$28,431,476 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

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 2

State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **373978300**

Facility Name (current) : **University of Florida Jacksonville**

Annual LIP Group 2 distribution to your facility	(A)	\$28,431,476
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$28,431,476

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RICK SCOTT
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SECRETARY

March 13, 2018

Mark Knight
University of Miami
1611 NW 12th Avenue
Miami, FL 33136

**RE: State Fiscal Year 2017 - 2018
Annual Low Income Pool (LIP) Group 2 Payment.
Medicaid Number: 273179700**

Dear Mr. Knight:

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

Your payment represents 100% (rounded) of your specified annual amount \$36,073,345 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call 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 2

State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **273179700**

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

Annual LIP Group 2 distribution to your facility	(A)	\$36,073,345
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$36,073,345

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SECRETARY

March 13, 2018

Nick Trivunovich
University of South Florida
12901 Bruce B. Downs Blvd.
Tampa, FL 33612

**RE: State Fiscal Year 2017 - 2018
Annual Low Income Pool (LIP) Group 2 Payment.
Medicaid Number: 053079400**

Dear Mr. Trivunovich:

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

Your payment represents 100% (rounded) of your specified annual amount \$2,093,751 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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 black ink that reads "Tom Wallace".

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 2

State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **053079400**

Facility Name (current) : **University of South Florida**

Annual LIP Group 2 distribution to your facility	(A)	\$2,093,751
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$2,093,751

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