



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Ken Mattison
AdventHealth New Smyrna Beach
401 Palmetto Street
New Smyrna Beach, Florida 32168-7399

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010183400**

Dear Mr. Mattison:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$201,012 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010183400**

Facility Name (current) : **AdventHealth New Smyrna Beach**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$201,012
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$201,012
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$100,506

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

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

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$392,352 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010161300**

Facility Name (current) : **AdventHealth North Pinellas**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$392,352
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$392,352
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$196,176

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Bruce Bergherm
AdventHealth Sebring
P.O. Box 9400
Sebring, Florida 33870-9400

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$469,461 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010090100**

Facility Name (current) : **AdventHealth Sebring**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$469,461
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$469,461
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$234,731

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Brian Adams
AdventHealth Tampa
3100 East Fletcher Avenue
Tampa, Florida 33613-4613

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010102800**

Dear Mr. Adams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,689,419 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010102800**

Facility Name (current) : **AdventHealth Tampa**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,689,419
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,689,419
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$1,344,710

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

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

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$807,727 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010109500**

Facility Name (current) : **AdventHealth Waterman**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$807,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$807,727
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$403,864

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Bruce Bergherm
AdventHealth Wauchula
533 West Carlton Street
Wauchula, Florida 33873

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010260100**

Dear Mr. Bergherm:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$100,387 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010260100**

Facility Name (current) : **AdventHealth Wauchula**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$100,387
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$100,387
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$50,194

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Amanda Maggard
AdventHealth Zephyrhills
7050 Gall Boulevard
Zephyrhills, Florida 33541-1399

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010149400**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$469,273 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010149400**

Facility Name (current) : **AdventHealth Zephyrhills**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$469,273
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$469,273
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$234,637

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Edward Hubel
Baptist Medical Center - Nassau
1250 South 18th Street
Fernandina Beach, Florida 32034-3098

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010123100**

Dear Mr. Hubel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$322,002 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010123100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$322,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$322,002
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$161,001

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Philip Minden
Bartow Regional Medical Center
2200 Osprey Blvd
Bartow, FL 33830

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$314,230 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012041300**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$314,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$314,230
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$157,115

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Aaron Robinson
Cape Canaveral Hospital
701 West Cocoa Beach Causeway
Cocoa Beach, Florida 32931

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010009900**

Dear Mr Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$706,926 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010009900**

Facility Name (current) : **Cape Canaveral Hospital**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$706,926
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$706,926
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$353,463

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Ben Rodriguez
Hialeah Hospital
651 East 25th Street
Hialeah, Florida 33013-3814

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010041200**

Dear Mr. Rodriguez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$616,980 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010041200**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$616,980
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$616,980
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$308,490

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Sean Gregory
Holmes Regional Medical Center
1350 South Hickory Street
Melbourne, Florida 32901

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010008100**

Dear Mr. Gregory:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,530,676 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010008100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,530,676
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,530,676
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$1,265,338

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, Florida 33033

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010226100**

Dear Mr. Duquette:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,718,329 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010226100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,718,329
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,718,329
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$1,359,165

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Jeffrey L. Susi
Indian River Memorial Center
1000 36th Street
Vero Beach, Florida 32960-6592

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010104400**

Dear Mr. Susi:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$759,566 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010104400**

Facility Name (current) : **Indian River Memorial Center**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$759,566
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$759,566
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$379,783

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Michael T. Hutchins
Jay Hospital
14114 Alabama Street
Jay, Florida 32565-1219

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010173700**

Dear Mr. Hutchins:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$52,516 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010173700**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$52,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$52,516
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$26,258

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Pamela Howard
Lake Butler Hospital Hand Surgery Center
P.O. Box 748
Lake Butler, Florida 32054-1353

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010822700**

Dear Ms. Howard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$96,175 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010822700**

Facility Name (current) : **Lake Butler Hospital Hand Surgery Center**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$96,175
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$96,175
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$48,088

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Elaine Thompson, Ph.D
Lakeland Regional Medical Center
P.O. Box 95448
Lakeland, Florida 33804-5448

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010164800**

Dear Dr. Thompson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$3,265,554 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010164800**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$3,265,554
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$3,265,554
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$1,632,777

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Donald G. Henderson
Leesburg Regional Medical Center
600 East Dixie Avenue
Leesburg, Florida 34748-5925

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010107900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$801,992 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010107900**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$801,992
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$801,992
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$400,996

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Kevin DiLallo
Manatee Memorial Hospital
206 2nd Street East
Bradenton, Florida 34208-1000

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010116800**

Dear Mr. DiLallo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,215,053 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010116800**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,215,053
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,215,053
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$607,527

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Rick Freeburg
Mariners Hospital
91500 Overseas Highway
Tavernier, Florida 33070

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010121400**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$339,663 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010121400**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$339,663
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$339,663
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$169,832

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Louis Galdieri
Mease Dunedin Hospital
601 Main Street
Dunedin, Florida 34698

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010154100**

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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$593,512 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010154100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$593,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$593,512
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$296,756

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Kris Hoce
Morton Plant Hospital
300 Pinellas Street, MS# 21
Clearwater, Florida 33756

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010158300**

Dear Mr. Hoce:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,133,283 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010158300**

Facility Name (current) : **Morton Plant Hospital**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,133,283
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,133,283
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$1,066,642

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Michael Yungmann
Morton Plant North Bay Hospital
6600 Madison Street
New Port Richey, Florida 34652-1971

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010150800**

Dear Mr. Yungmann:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,130,449 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010150800**

Facility Name (current) : **Morton Plant North Bay Hospital**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,130,449
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,130,449
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$565,225

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

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

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010031500**

Dear Dr. 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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,867,321 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010031500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,867,321
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,867,321
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$933,661

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Dia Nichols
Northside Hospital
6000 49th Street North
Saint Petersburg, Florida 33709-2145

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:011519300**

Dear Ms. Nichols:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$651,514 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011519300**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$651,514
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$651,514
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$325,757

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Aaron Robinson
Palm Bay Hospital
1425 Malabar Road Northeast
Palm Bay, Florida 32907

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:003297500**

Dear Mr. Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$817,234 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **003297500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$817,234
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$817,234
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$408,617

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Susan Davis
Sacred Heart Hospital on the Gulf
3801 East Highway 98
Port Saint Joe, Florida 32456

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:002012700**

Dear Ms. Davis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$140,590 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **002012700**

Facility Name (current) : **Sacred Heart Hospital on the Gulf**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$140,590
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$140,590
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$70,295

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

M. Scott Smith, President
Saint Anthony's Hospital
1200 7th Avenue North, MS# 2033
Saint Petersburg, Florida 33705-1300

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:012022700**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,720,631 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012022700**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,720,631
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,720,631
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$860,316

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Karen Kerr
South Florida Baptist Hospital
301 North Alexander Street
Plant City, Florida 33563-4303

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010098600**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$918,212 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010098600**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$918,212
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$918,212
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$459,106

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Jake Fisher
Tampa Community Hospital
6001 Webb Road
Tampa, Florida 33615-3421

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:011984900**

Dear Mr. Fisher:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$323,077 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011984900**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$323,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$323,077
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$161,539

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

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

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 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 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$444,920 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011280100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$444,920
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$444,920
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$222,460

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Rudy Garcia
Westchester General Hospital
2500 Southwest 75th Avenue
Miami, Florida 33155-2805

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010062500**

Dear Mr. Garcia:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$228,582 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010062500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$228,582
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$228,582
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$114,291

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 4, 2019

Steve Nierman
Winter Haven Hospital
200 Avenue 'F' Northeast
Winter Haven, Florida 33881-4193

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number:010169900**

Dear Mr. Nierman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,370,016 for state fiscal year 2018 - 2019. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,370,016
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,370,016
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled Group 1 Tier 1 Payment [1]	(C x 0.50) = (E)	\$685,008

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