



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$176,005 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 Second Payment

Medicaid Number : **010183400**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$176,005
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$176,005
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$100,506
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$75,499</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$343,543 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 Second Payment

Medicaid Number : **010161300**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$343,543
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$343,543
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$196,176
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$147,367</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Bruce Bergherm  
AdventHealth Sebring  
4200 Sun N Lakes Boulevard  
Sebring, Florida 33872-1986

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$411,059 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

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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 Second Payment

Medicaid Number : **010090100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$411,059
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$411,059
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$234,731
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$176,328</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$2,354,849 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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010102800**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,354,849
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,354,849
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$1,344,710
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$1,010,139</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$707,244 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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010109500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$707,244
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$707,244
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$403,864
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$303,380</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$87,899 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

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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 Second Payment

Medicaid Number : **010260100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$87,899
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$87,899
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$50,194
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$37,705</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$410,895 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

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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 Second Payment

Medicaid Number : **010149400**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$410,895
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$410,895
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$234,637
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$176,258</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$281,944 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 Second Payment

Medicaid Number : **010123100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$281,944
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$281,944
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$161,001
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$120,943</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Karen Kerr  
Bartow Regional Medical Center  
2200 Osprey Boulevard  
Bartow, Florida 33830

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 012041300**

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 100% of your annual appropriation of \$275,139 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 Second Payment

Medicaid Number : **012041300**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$275,139
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$275,139
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$157,115
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$118,024</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Aaron Robinson  
Cape Canaveral Hospital  
701 West Cocoa Beach Causeway  
Cocoa Beach, Florida 32931-3585

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$618,983 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

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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 Second Payment

Medicaid Number : **010009900**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$618,983
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$618,983
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$353,463
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$265,520</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$540,226 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

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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 Second Payment

Medicaid Number : **010041200**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$540,226
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$540,226
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$308,490
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$231,736</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$2,215,853 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

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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 Second Payment

Medicaid Number : **010008100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,215,853
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,215,853
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$1,265,338
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$950,515</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Bill Duquette  
Homestead Hospital  
975 Baptist Way  
Homestead, Florida 33033

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$2,380,162 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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010226100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,380,162
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,380,162
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$1,359,165
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$1,020,997</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$665,074 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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010104400**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$665,074
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$665,074
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$379,783
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$285,291</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$45,983 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 Second Payment

Medicaid Number : **010173700**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$45,983
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$45,983
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$26,258
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$19,725</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Pamela Howard  
Lake Butler Hospital  
Post Office Box 748  
Lake Butler, Florida 32054-1353

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$84,211 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 Second Payment

Medicaid Number : **010822700**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$84,211
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$84,211
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$48,088
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$36,123</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$2,859,310 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 Second Payment

Medicaid Number : **010164800**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$2,859,310
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,859,310
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$1,632,777
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$1,226,533</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$702,222 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 Second Payment

Medicaid Number : **010107900**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$702,222
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$702,222
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$400,996
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$301,226</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$1,063,897 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 Second Payment

Medicaid Number : **010116800**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,063,897
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,063,897
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$607,527
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$456,370</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Rick Freeburg  
Mariners Hospital  
91500 Overseas Highway  
Tavernier, Florida 33070

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$297,408 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 Second Payment

Medicaid Number : **010121400**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$297,408
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$297,408
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$169,832
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$127,576</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$519,678 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 Second Payment

Medicaid Number : **010154100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$519,678
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$519,678
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$296,756
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$222,922</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$1,867,897 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 Second Payment

Medicaid Number : **010158300**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,867,897
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,867,897
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$1,066,642
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$801,255</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Michael Yungmann  
Morton Plant North Bay Hospital  
300 Pinellas Street,  
Clearwater, Florida 33756

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$989,818 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 Second Payment

Medicaid Number : **010150800**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$989,818
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$989,818
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$565,225
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$424,593</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$1,635,022 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 Second Payment

Medicaid Number : **010031500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,635,022
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,635,022
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$933,661
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$701,361</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Valerie Powell-Stafford  
Northside Hospital  
6000 49th Street North  
Saint Petersburg, Florida 33709-2145

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

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 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 100% of your annual appropriation of \$570,464 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 Second Payment

Medicaid Number : **011519300**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$570,464
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$570,464
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$325,757
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$244,707</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$715,568 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 Second Payment

Medicaid Number : **003297500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$715,568
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$715,568
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$408,617
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$306,951</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$123,100 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 Second Payment

Medicaid Number : **002012700**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$123,100
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$123,100
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$70,295
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$52,805</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 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  
Second 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 100% of your annual appropriation of \$1,506,580 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 Second Payment

Medicaid Number : **012022700**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,506,580
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,506,580
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$860,316
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$646,264</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$803,984 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 Second Payment

Medicaid Number : **010098600**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$803,984
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$803,984
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$459,106
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$344,878</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$282,885 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 Second Payment

Medicaid Number : **011984900**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$282,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$282,885
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$161,539
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$121,346</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$389,571 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 Second Payment

Medicaid Number : **011280100**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$389,571
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$389,571
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$222,460
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$167,111</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$200,146 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 Second Payment

Medicaid Number : **010062500**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$200,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$200,146
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$114,291
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$85,855</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% of your annual appropriation of \$1,199,583 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 Second Payment

Medicaid Number : **010169900**

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

Annual Group 1 Tier 1 distribution to your facility	(A)	\$1,199,583
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,199,583
Total of your Group 1 Tier 1 Payments previously paid in this fiscal year	(D)	\$685,008
<b>Your Second Scheduled Group 1 Tier 1 Payment [1]</b>	(C - D) = (E)	<b>\$514,575</b>

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