



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Jared M Smith
Broward Health Coral Springs
3000 Coral Hill Drive Coral Springs Florida
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012040500**

Dear Mr. Smith:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$4,119,487 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$4,119,487
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$4,119,487
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$3,089,615

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Susan Newton
Broward Health Imperial Point
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010821900**

Dear Ms. Newton:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,367,979 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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,367,979
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,367,979
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,775,984

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Sandra J Todd-Atkinson
Broward Health Medical Center
1600 South Andrews Avenue
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010012900**

Dear Ms. Todd-Atkinson:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$21,100,767 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.

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$21,100,767
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$21,100,767
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$15,825,575

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

March 11, 2019

Alice Taylor
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064-3596

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010021800**

Dear Ms. Taylor:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$8,819,384 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.

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Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$8,819,384
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$8,819,384
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$6,614,538

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

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March 11, 2019

James R. Nathan
Cape Coral Hospital
636 Del Prado Boulevard
Cape Coral, Florida 33990-2695

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011971700**

Dear Mr. Nathan:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$7,889,093 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.

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Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **011971700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$7,889,093
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$7,889,093
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$5,916,820

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Vincent A. Sica
Desoto Memorial Hospital
900 North Robert Avenue
Arcadia, Florida 34266-8765

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010192300**

Dear Mr. Sica:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,989,871 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010192300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,989,871
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,989,871
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,492,403

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

JoAnn Baker
Doctor's Memorial Hospital / Holmes County Hospital
P.O. Box 188
Bonifay, Florida 32425

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010103600**

Dear Ms. Baker:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$169,980 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctor's Memorial Hospital / Holmes County Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$169,980
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$169,980
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$127,485

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Dennis Markos
Ed Fraser Memorial Hospital
159 North Third Street
Macclenny, Florida 32063-0484

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010004800**

Dear Mr. Markos:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,922,369 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,922,369
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,922,369
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,441,777

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Michael Cooper
George E. Weems Memorial Hospital
P.O. Box 580
Apalachicola, Florida 32329-0580

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010080300**

Dear Mr. Cooper:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$289,459 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E. Weems Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$289,459
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$289,459
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$217,094

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Jim Nathan
Gulf Coast Medical Center
13681 Doctors Way
Fort Myers, Florida 33912-4309

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011134100**

Dear Mr. Nathan:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$11,167,555 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **011134100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$11,167,555
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$11,167,555
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$8,375,666

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Jeff Feasel
Halifax Health Medical Center
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010184200**

Dear Mr. Feasel:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$24,446,910 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.

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010184200**

Facility Name (current) : **Halifax Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$24,446,910
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$24,446,910
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$18,335,183

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Raymond D. Williams
Hendry Regional Medical Center
524 West Sagamore Avenue
Clewiston, Florida 33440-3021

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010086200**

Dear Mr. Williams:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,468,290 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.

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State of Florida
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010086200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,468,290
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,468,290
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,101,218

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Larry Meese
Jackson Hospital
4250 Hospital Drive
Marianna, Florida 32446-1917

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010106100**

Dear Mr. Meese:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,306,440 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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010106100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,306,440
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,306,440
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,729,830

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Carlos Migoya
Jackson Memorial Hospital
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010042100**

Dear Mr. Migoya:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$110,635,900 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.

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010042100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$110,635,900
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$110,635,900
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$82,976,925

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Jonathan Ellen, MD, President & Physician in Chief
John Hopkins All Children's Hospital
601 5th Street South, Suite 509
Saint Petersburg, Florida 33701-4816

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010151600**

Dear Dr. Ellen:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,558,326 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010151600**

Facility Name (current) : **John Hopkins All Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,558,326
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,558,326
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,918,745

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Darcy Davis
Lakeside Medical Center
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010144300**

Dear Ms. Davis:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$728,072 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010144300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$728,072
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$728,072
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$546,054

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

James R. Nathan
Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010110900**

Dear Mr. Nathan:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$27,276,477 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010110900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$27,276,477
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$27,276,477
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$20,457,358

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 Southwest 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,553,048 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010345400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,553,048
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,553,048
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$1,164,786

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Mark Doyle
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024-2536

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010222900**

Dear Mr. Doyle:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$6,248,150 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010222900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$6,248,150
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$6,248,150
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$4,686,113

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Leah Carpenter
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010252100**

Dear Ms. Carpenter:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$7,646,398 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010252100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$7,646,398
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$7,646,398
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$5,734,799

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Zeff Ross
Memorial Regional Hospital
3501 Johnson Street
Hollywood, Florida 33021-5487

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010020000**

Dear Mr. Ross:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$35,123,824 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010020000**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$35,123,824
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$35,123,824
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$26,342,868

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Dana Bledsoe
Nemours Children's Hospital
13535 Nemours Parkway
Orlando, Florida 32827

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 004087600**

Dear Ms. Bledsoe:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$505,481 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **004087600**

Facility Name (current) : **Nemours Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$505,481
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$505,481
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$379,111

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

M. Narendra Kini, M.D.
Nicklaus Children's Hospital
3100 Southwest 62nd Avenue
Miami, Florida 33155-3073

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010060900**

Dear Dr. Kini:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$123,846 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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010060900**

Facility Name (current) : **Nicklaus Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$123,846
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$123,846
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$92,885

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

George Mikitarian
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796-2194

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,913,989 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010010200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,913,989
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,913,989
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$2,185,492

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

David Verinder
Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010176100**

Dear Mr. Verinder:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$14,077,482 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010176100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,077,482
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$14,077,482
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$10,558,112

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Fleury Yelvington
Shriners Hospitals for Children -Tampa
12502 USF Pine Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 002576600**

Dear Ms. Yelvington:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,221,713 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **002576600**

Facility Name (current) : **Shriners Hospitals for Children -Tampa**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,221,713
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,221,713
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$916,285

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

John Couris
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601-1289

**RE: State Fiscal Year 2018 - 2019
1st Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010099400**

Dear Mr. Couris:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$70,157,763 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,

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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 2

State Fiscal Year 2018 - 2019 1st Payment

Medicaid Number : **010099400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$70,157,763
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$70,157,763
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
YourFirst Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.75) = (E)	\$52,618,322

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 11, 2019

Leon Haley
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2018 - 2019
2nd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010067600**

Dear Mr. Haley:

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

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$77,327,789 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,

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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 2

State Fiscal Year 2018 - 2019 2nd Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$77,327,789
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$77,327,789
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$33,663,893
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	$((C \times 0.75) - D) = (E)$	\$19,331,949

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

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