



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

July 8, 2019

Daryl Tol
AdventHealth Orlando
7727 Lake Underhill Road
Orlando, Florida 32822-8224

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010129000**

Dear Mr. Tol:

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% (rounded) of your annual appropriation of \$90,801,484 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 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **010129000**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$90,801,484
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$90,801,484
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$90,801,484

[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

July 8, 2019

John A. Kolosky
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive, Mail Stop: MBC-ACCT
Tampa, Florida 33612-9416

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012032400**

Dear Mr. Kolosky:

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% (rounded) of your annual appropriation of \$10,030,335 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 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research Institute Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$10,030,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$10,030,335
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$10,030,335

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SECRETARY

July 8, 2019

Anthony Degina
Largo Medical Center
201 14th Street Southwest
Largo, Florida 33770-3133

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011974100**

Dear Mr. Degina:

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% (rounded) of your annual appropriation of \$4,798,139 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

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **011974100**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$4,798,139
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$4,798,139
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$4,798,139

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July 8, 2019

Sandy Sosa-Guerrero
Larkin Community Hospital
5996 Southwest 70th Street, 5th Floor
South Miami, Florida 33143-4701

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

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% (rounded) of your annual appropriation of \$1,112,528 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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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **012005700**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$1,112,528
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$1,112,528
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$1,112,528

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July 8, 2019

Steven D. Sonenreich
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140-2800

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

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% (rounded) of your annual appropriation of \$6,652,206 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 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **010046300**

Facility Name (current) : **Mount Sinai Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$6,652,206
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$6,652,206
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$6,652,206

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SECRETARY

July 8, 2019

David Strong, President & CEO
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010133800**

Dear Mr. Strong:

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% (rounded) of your annual appropriation of \$45,919,445 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 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **010133800**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$45,919,445
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$45,919,445
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$45,919,445

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SECRETARY

July 8, 2019

Ed Jimenez
UF Health Shands Hospital
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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% (rounded) of your annual appropriation of \$33,230,157 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 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$33,230,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$33,230,157
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$33,230,157

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MARY C. MAYHEW
SECRETARY

July 8, 2019

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

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010047100**

Dear Mr. Ballard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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% (rounded) of your annual appropriation of \$938,265 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 3

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **010047100**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$938,265
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$938,265
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$938,265

[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.