



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 8, 2019

Kathryn Gillette  
Bayfront Health - Saint Petersburg  
701 6th Street South  
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 010156700**

Dear Ms. Gillette:

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 \$8,835,781 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 4

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health - Saint Petersburg**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$8,835,781
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$8,835,781
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$44,179
<b>Your Second Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(C - D) = (E)	<b>\$8,791,602</b>

[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

Susan Davis  
Sacred Heart Hospital  
5151 North 9th Avenue  
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 010076500**

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% (rounded) of your annual appropriation of \$23,427,846 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 4

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010076500**

Facility Name (current) : **Sacred Heart Hospital**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$23,427,846
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$23,427,846
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$117,139
<b>Your Second Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(C - D) = (E)	<b>\$23,310,707</b>

[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.



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MARY C. MAYHEW  
SECRETARY

July 8, 2019

Joey Bulfin  
Saint Mary's Medical Center  
901 45th Street  
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 010148600**

Dear Mr. Bulfin:

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 \$4,696,075 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 4

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010148600**

Facility Name (current) : **Saint Mary's Medical Center**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$4,696,075
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$4,696,075
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$23,481
<b>Your Second Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,672,594</b>

[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.