



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 10, 2019

Joe Johnson
AdventHealth Carrollwood
7171 North Dale Mabry Highway
Tampa, Florida 33614-2670

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010094300**

Dear Mr. Johnson:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$49,696 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010094300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$49,696
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$49,696
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$24,848

[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

April 10, 2019

Shauna McKinnon
AdventHealth Dade City
13100 Fort King Road
Dade City, Florida 33525-5294

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010959200**

Dear Ms. McKinnon:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,171 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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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010959200**

Facility Name (current) : **AdventHealth Dade City**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,171
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$1,171
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$586

[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
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April 10, 2019

Ed Noseworthy
AdventHealth Daytona Beach
301 Memorial Medical Parkway
Daytona Beach, Florida 32117

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010186900**

Dear Mr. Noseworthy:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$17,851 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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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010186900**

Facility Name (current) : **AdventHealth Daytona Beach**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$17,851
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$17,851
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$8,926

[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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April 10, 2019

Lorenzo Brown
AdventHealth DeLand
701 West Plymouth Avenue
DeLand, Florida 32720-3236

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010187700**

Dear Mr. Brown:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$18,904 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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Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010187700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,904
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$18,904
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$9,452

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April 10, 2019

Robert Deininger
AdventHealth Fish Memorial
1055 Saxon Boulevard
Orange City, Florida 32763-8468

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010182600**

Dear Mr. Deininger:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$25,712 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010182600**

Facility Name (current) : **AdventHealth Fish Memorial**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,712
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$25,712
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$12,856

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MARY C. MAYHEW
SECRETARY

April 10, 2019

Bob Moore
AdventHealth Ocala
1500 Southwest 1st Avenue
Ocala, Florida 34474-4029

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010117600**

Dear Mr. Moore:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$13,581 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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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010117600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,581
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$13,581
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$6,791

[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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SECRETARY

April 10, 2019

Ron Jimenez
AdventHealth Palm Coast
60 Memorial Medical Parkway
Palm Coast, Florida 32164-5980

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010189300**

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 50% (rounded) of your annual appropriation of \$11,552 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010189300**

Facility Name (current) : **AdventHealth Palm Coast**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$11,552
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$5,776

[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

April 10, 2019

Denyse Bales-Chubb
AdventHealth Wesley Chapel
2600 Bruce B. Downs Boulevard
Wesley Chapel, Florida 33544-9207

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 005456800**

Dear Ms. Bales-Chubb:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$24,103 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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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **005456800**

Facility Name (current) : **AdventHealth Wesley Chapel**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,103
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$24,103
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$12,052

[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

April 10, 2019

Lee Chaykin
Aventura Hospital and Medical Center
20900 Biscayne Boulevard
Aventura, Florida 33180-1407

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012037500**

Dear Mr. Chaykin:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$82,702 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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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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012037500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$82,702
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$82,702
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$41,351

[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

April 10, 2019

Mark Faulkner
Baptist Hospital Inc.
1000 West Moreno Street
Pensacola, Florida 32501-2316

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010074900**

Dear Mr. Faulkner:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$119,828 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010074900**

Facility Name (current) : **Baptist Hospital Inc.**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$119,828
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$119,828
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$59,914

[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

April 10, 2019

Bo Boulenger
Baptist Hospital of Miami, Inc.
8900 North Kendall Drive
Miami, Florida 33176

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010035800**

Dear Mr. Boulenger:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$290,981 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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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010035800**

Facility Name (current) : **Baptist Hospital of Miami, Inc.**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$290,981
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$290,981
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$145,491

[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

April 10, 2019

Joseph Mitrick
Baptist Medical Center - Beaches
1350 13th Avenue South
Jacksonville Beach, Florida 32250-3205

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010232600**

Dear Mr. Mitrick:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$45,755 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

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010232600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$45,755
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$45,755
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$22,878

[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

April 10, 2019

A. Hugh Greene
Baptist Medical Center Downtown
800 Prudential Drive
Jacksonville, Florida 32207-8202

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010064100**

Dear Mr. Hugh Greene:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$490,779 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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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010064100**

Facility Name (current) : **Baptist Medical Center Downtown**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$490,779
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$490,779
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$245,390

[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

April 10, 2019

Stephen Grubbs
Bay Medical Center Sacred Heart Health System
615 North Bonita Avenue
Panama City, Florida 32401-3623

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010006400**

Dear Mr. Grubbs:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$11,758 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

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010006400**

Facility Name (current) : **Bay Medical Center Sacred Heart Health System**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,758
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$11,758
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$5,879

[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

April 10, 2019

Kenneth Wicker
Bayfront Health Brooksville
17240 Cortez Boulevard
Brooksville, Florida 34601-3200

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010087100**

Dear Mr. Wicker:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,962 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010087100**

Facility Name (current) : **Bayfront Health Brooksville**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,962
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$2,962
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$1,481

[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

April 10, 2019

Tim Cerullo
Bayfront Health Port Charlotte
2500 Harbor Boulevard
Port Charlotte, Florida 33952-5000

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010028500**

Dear Mr. Cerullo:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$20,123 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010028500**

Facility Name (current) : **Bayfront Health Port Charlotte**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$20,123
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$20,123
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$10,062

[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

April 10, 2019

Andrew Emery
Bayfront Health Punta Gorda
809 East Marion Avenue
Punta Gorda, Florida 33950-3819

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010027700**

Dear Mr. Emery:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,638 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010027700**

Facility Name (current) : **Bayfront Health Punta Gorda**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,638
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$1,638
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$819

[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

April 10, 2019

Roger L. Kirk
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435-7934

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010140100**

Dear Mr. Kirk:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$77,577 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010140100**

Facility Name (current) : **Bethesda Hospital East**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$77,577
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$77,577
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$38,789

[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

April 10, 2019

Daniel Friedrich
Blake Medical Center
2020 59th Street West
Bradenton, Florida 34209

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011021300**

Dear Mr. Friedrich:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$38,279 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011021300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$38,279
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$38,279
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$19,140

[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

April 10, 2019

Bland Eng
Brandon Regional Hospital
119 Oakfield Drive
Brandon, Florida 33511-5779

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011807900**

Dear Mr. Eng:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$79,163 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011807900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$79,163
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$79,163
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$39,582

[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

April 10, 2019

Douglas Baer
Brooks / Genesis Rehabilitation Hospital
Attn: Brooks Managed Care
Jacksonville, Florida 32216-4252

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010271700**

Dear Mr. Baer:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$16,876 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010271700**

Facility Name (current) : **Brooks / Genesis Rehabilitation Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$16,876
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$16,876
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$8,438

[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

April 10, 2019

Charles Durant
Calhoun Liberty Hospital
20370 Northeast Burns Avenue
Blountstown, Florida 32424-0419

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010026900**

Dear Mr Durant:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,913 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010026900**

Facility Name (current) : **Calhoun Liberty Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,913
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$1,913
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$957

[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

April 10, 2019

Mark Robinson
Capital Regional Medical Center
2626 Capital Medical Boulevard
Tallahassee, Florida 32308-4402

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011980600**

Dear Mr Robinson:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$7,723 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011980600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$7,723
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,862

[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

April 10, 2019

Wendy Brandon
Central Florida Regional Hospital
1401 West Seminole Boulevard
Sanford, Florida 32771-6737

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010178800**

Dear Ms. Brandon:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$19,159 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 cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010178800**

Facility Name (current) : **Central Florida Regional Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$19,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$19,159
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$9,580

[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

April 10, 2019

Ralph A. Aleman
Citrus Memorial Hospital
502 West Highland Boulevard
Inverness, Florida 34452-4754

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010219900**

Dear Mr. Aleman:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$23,893 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010219900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,893
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$23,893
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$11,947

[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

April 10, 2019

Patrick Downes
Coral Gables Hospital
3100 Douglas Road
Coral Gables, Florida 33134-6914

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010960600**

Dear Mr. Downes:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$21,704 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010960600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$21,704
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$21,704
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$10,852

[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

April 10, 2019

Mark Bryan
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484-6514

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012009000**

Dear Mr. Bryan:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$17,379 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012009000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$17,379
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$17,379
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$8,690

[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

April 10, 2019

Robert Meade
Doctors Hospital of Sarasota
5731 Bee Ridge Road
Sarasota, Florida 34233-5056

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011995400**

Dear Mr. Meade:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,131 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011995400**

Facility Name (current) : **Doctors Hospital of Sarasota**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,131
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$14,131
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,066

[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

April 10, 2019

Thomas J. Stone
Doctor's Memorial Hospital Inc.
P.O. Box 1847
Perry, Florida 32347-2104

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010180000**

Dear Mr. Stone:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$6,261 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010180000**

Facility Name (current) : **Doctor's Memorial Hospital Inc.**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,261
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$6,261
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,131

[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

April 10, 2019

Nelson Lazo
Doctors' Hospital
5000 University Drive
Coral Gables, Florida 33146-2094

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010354300**

Dear Mr. Lazo:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$39,596 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010354300**

Facility Name (current) : **Doctors' Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$39,596
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$39,596
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$19,798

[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

April 10, 2019

Valerie Powell-Stafford
Englewood Community Hospital
700 Medical Boulevard
Englewood, Florida 34223-3964

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010253900**

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 50% (rounded) of your annual appropriation of \$3,522 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010253900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,522
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$3,522
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$1,761

[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

April 10, 2019

Bill Hawley
Fawcett Memorial Hospital
21298 Olean Boulevard
Port Charlotte, Florida 33952-6705

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011746300**

Dear Mr. Hawley:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$11,150 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,

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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011746300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,150
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$11,150
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$5,575

[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
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 10, 2019

Joseph S. Gordy
Flagler Hospital
400 Health Park Boulevard
Saint Augustine, Florida 32086-5784

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010171100**

Dear Ms. Gordy:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$84,684 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010171100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$84,684
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$84,684
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$42,342

[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

April 10, 2019

Mitch Mongell
Fort Walton Beach Medical Center
1000 Mar-Walt Drive
Fort Walton Beach, Florida 32547-6708

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011132500**

Dear Mr. Mongell:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$7,601 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011132500**

Facility Name (current) : **Fort Walton Beach Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,601
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$7,601
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,801

[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

April 10, 2019

Mark Nosacka
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, Florida 33401-3401

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010152400**

Dear Mr. Nosacka:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$45,206 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,

A handwritten signature in cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010152400**

Facility Name (current) : **Good Samaritan Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$45,206
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$45,206
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$22,603

[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

April 10, 2019

Carlton Ulmer
Gulf Coast Regional Medical Center
449 West 23rd Street
Panama City, Florida 32405-4507

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011761700**

Dear Mr. Ulmer:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$7,051 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011761700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,051
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$7,051
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,526

[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

April 10, 2019

Greg Ohe
Health Central
10000 West Colonial Drive
Ocoee, Florida 34761-3499

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010135400**

Dear Mr. Ohe:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$55,407 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010135400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$55,407
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$55,407
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$27,704

[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

April 10, 2019

James Thompson
Healthmark Regional Medical Center
4413 Highway 331 South
DeFuniak Springs, Florida 32435-1326

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010188500**

Dear Mr. Thompson:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$770 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010188500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$770
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$770
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$385

[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

April 10, 2019

Ann Barnhart
Heart of Florida Regional Medical Center
P.O. Box 67
Haines City, Florida 33837-5906

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010228800**

Dear Ms. Barnhart:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$13,054 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010228800**

Facility Name (current) : **Heart of Florida Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,054
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$13,054
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$6,527

[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

April 10, 2019

Jack Montois
Highlands Regional Medical Center
3600 South Highlands Avenue
Sebring, Florida 33870-5416

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010089700**

Dear Mr. Montois:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,734 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010089700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,734
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$1,734
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$867

[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

April 10, 2019

Gina Melby
JFK Medical Center
5301 South Congress Avenue
Atlantis, Florida 33462-1149

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010146000**

Dear Ms. Melby:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$100,720 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010146000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$100,720
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$100,720
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$50,360

[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

April 10, 2019

John D. Couris
Jupiter Medical Center
1210 South Old Dixie Highway
Jupiter, Florida 33458-7205

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012029400**

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$23,585 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012029400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,585
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$23,585
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$11,793

[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

April 10, 2019

Brandon Haushalter
Kendall Regional Medical Center
11750 Southwest 40th Street
Miami, Florida 33175 - 3530

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012013800**

Dear Mr. Haushalter:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$89,721 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 cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012013800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$89,721
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$89,721
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$44,861

[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

April 10, 2019

Mark Miller
Lake City Medical Center
340 Northwest Commerce Drive
Lake City, Florida 32055-4709

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011976800**

Dear Mr. Miller:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,009 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011976800**

Facility Name (current) : **Lake City Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,009
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$3,009
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$1,505

[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

April 10, 2019

Rebecca Brewer
Lake Wales Medical Center
410 South 11th Street
Lake Wales, Florida 33853-4203

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010166400**

Dear Ms. Brewer:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,719 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010166400**

Facility Name (current) : **Lake Wales Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$5,719
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$5,719
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$2,860

[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

April 10, 2019

Kevin DiLallo
Lakewood Ranch Medical Center
8330 Lakewood Ranch Boulevard
Lakewood Ranch, Florida 34202-5174

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010342000**

Dear Mr. DiLallo:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$15,447 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010342000**

Facility Name (current) : **Lakewood Ranch Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,447
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$15,447
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,724

[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

April 10, 2019

Bob Krieger
Lawnwood Regional Medical Center & Heart Institute
1700 South 23rd Street
Fort Pierce, Florida 34950-4899

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011969500**

Dear Mr. Krieger:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$19,409 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011969500**

Facility Name (current) : **Lawnwood Regional Medical Center & Heart Institute**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$19,409
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$19,409
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$9,705

[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

April 10, 2019

Stephen Pennington
Lower Keys Medical Center
P.O. Box 9107
Key West, Florida 33041

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010119200**

Dear Mr. Pennington:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$6,150 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,

A handwritten signature in cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010119200**

Facility Name (current) : **Lower Keys Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,150
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$6,150
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,075

[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

April 10, 2019

Robert L. Lord, Jr.
Martin Memorial Hospital South
P.O. Box 9010
Stuart, Florida 34995-9033

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010118400**

Dear Mr. Lord:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$132,249 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 cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010118400**

Facility Name (current) : **Martin Memorial Hospital South**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$132,249
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$132,249
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$66,125

[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

April 10, 2019

Louis Galdieri
Mease Countryside Hospital
3231 McMullen Booth Road
Safety Harbor, Florida 34695-6607

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012008100**

Dear Mr. Galdieri:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$69,210 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012008100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$69,210
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$69,210
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$34,605

[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

April 10, 2019

Leigh Massengill
Medical Center of Trinity
9330 State Road 54
Trinity, Florida 34635

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010552000**

Dear Ms. Massengill:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$38,461 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010552000**

Facility Name (current) : **Medical Center of Trinity**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$38,461
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$38,461
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$19,231

[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

April 10, 2019

Bradley Talbert
Memorial Hospital Jacksonville
3625 University Boulevard South
Jacksonville, Florida 32216-4207

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010193100**

Dear Mr. Talbert:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$11,771 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010193100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,771
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$11,771
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$5,886

[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

April 10, 2019

Ward Boston
Memorial Hospital of Tampa
2901 West Swann Avenue
Tampa, Florida 33609-4056

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011279800**

Dear Mr. Boston:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,597 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011279800**

Facility Name (current) : **Memorial Hospital of Tampa**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,597
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$14,597
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,299

[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

April 10, 2019

Brian Cook
North Florida Regional Medical Center
P.O. Box 147006
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010862600**

Dear Mr. Cook:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,028 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010862600**

Facility Name (current) : **North Florida Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,028
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$14,028
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,014

[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

April 10, 2019

Ronald Daves
North Okaloosa Medical Center
151 Redstone Avenue Southeast
Crestview, Florida 32539-5352

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010126500**

Dear Mr. Daves:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$8,562 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010126500**

Facility Name (current) : **North Okaloosa Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,562
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$8,562
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$4,281

[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

April 10, 2019

Manny Linares
North Shore Medical Center
1100 Northwest 95th Street
Miami, Florida 33150-2098

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010049800**

Dear Mr. Linares:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$53,064 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010049800**

Facility Name (current) : **North Shore Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$53,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$53,064
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$26,532

[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

April 10, 2019

Rebecca Kimmelman
Northwest Florida Community Hospital
P.O. Box 889
Chipley, Florida 32428-0889

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010190700**

Dear Ms. Kimmelman:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,975 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010190700**

Facility Name (current) : **Northwest Florida Community Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,975
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$2,975
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$1,488

[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

April 10, 2019

Erica Gulrich
Northwest Medical Center
2801 North State Road 7
Margate, Florida 33063-5621

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010459100**

Dear Ms. Gulrich:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$39,922 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 cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010459100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$39,922
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$39,922
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$19,961

[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

April 10, 2019

Mickey Smith
Oak Hill Hospital
11375 Cortez Boulevard
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012007300**

Dear Mr. Smith:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$17,767 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.

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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012007300**

Facility Name (current) : **Oak Hill Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$17,767
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$17,767
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$8,884

[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

April 10, 2019

Chad Christianson
Ocala Regional Medical Center
1431 Southwest 1st Avenue
Ocala, Florida 34474-4000

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010988600**

Dear Mr. Christianson:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$15,494 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010988600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,494
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$15,494
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,747

[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

April 10, 2019

Chad Patrick
Orange Park Medical Center
2001 Kingsley Avenue
Orange Park, Florida 32073-5418

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011174100**

Dear Mr. Patrick:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$17,748 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011174100**

Facility Name (current) : **Orange Park Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$17,748
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$17,748
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$8,874

[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

April 10, 2019

Robert Krieger
Osceola Regional Medical Center
700 West Oak Street
Kissimmee, Florida 34741-4996

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010138900**

Dear Mr. Krieger:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,501 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010138900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,501
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$14,501
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,251

[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

April 10, 2019

Jeffrey Welch
Palm Beach Gardens Medical Center
3360 Burns Road
Palm Beach Gardens, Florida 33410-4323

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010210500**

Dear Mr. Welch:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$31,983 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010210500**

Facility Name (current) : **Palm Beach Gardens Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$31,983
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$31,983
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$15,992

[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

April 10, 2019

Ana Mederos
Palmetto General Hospital
2001 West 68th Street
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010460400**

Dear Ms. Mederos:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$36,324 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010460400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$36,324
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$36,324
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$18,162

[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

April 10, 2019

Sharon Hayes
Palms of Pasadena Hospital
1501 Pasadena Avenue South
Saint Petersburg, Florida 33707-3717

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012011100**

Dear Ms. Hayes:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,200 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012011100**

Facility Name (current) : **Palms of Pasadena Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,200
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$14,200
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$7,100

[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

April 10, 2019

Eric Goldman
Palms West Hospital
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012026000**

Dear Mr. Goldman:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$23,226 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

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012026000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,226
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$23,226
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$11,613

[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

April 10, 2019

Scott Lowe
Physicians Regional Medical Center - Pine Ridge
6101 Pine Ridge Road Ext 4th Floor
Naples, Florida 34119-3900

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010314400**

Dear Mr. Lowe:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$6,658 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010314400**

Facility Name (current) : **Physicians Regional Medical Center - Pine Ridge**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,658
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$6,658
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,329

[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

April 10, 2019

Madeline Nava
Plantation General Hospital
401 Northwest 42nd Avenue
Plantation, Florida 33317-2835

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012000600**

Dear Ms. Nava:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$79,745 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012000600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$79,745
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$79,745
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$39,873

[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

April 10, 2019

Joanna Conley
Poinciana Medical Center
325 Cypress Parkway
Kissimmee, Florida 34758

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 009268300**

Dear Ms. Conley:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,037 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **009268300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,037
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$2,037
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$1,019

[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

April 10, 2019

Christopher Mosley
Putnam Community Medical Center
611 Zeagler Drive
Palatka, Florida 32177-3810

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011351400**

Dear Mr. Mosley:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,506 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011351400**

Facility Name (current) : **Putnam Community Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,506
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$4,506
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$2,253

[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

April 10, 2019

Brian Melear
Raulerson Hospital
1796 Highway 441 North
Okeechobee, Florida 34972-1918

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011975000**

Dear Mr. Melear:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$7,830 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011975000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,830
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$7,830
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$3,915

[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

April 10, 2019

C. Shayne George
Regional Medical Center Bayonet Point
14000 Fivay Road
Hudson, Florida 34667-7103

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011988100**

Dear Mr. George:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$51,440 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.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011988100**

Facility Name (current) : **Regional Medical Center Bayonet Point**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$51,440
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$51,440
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$25,720

[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

April 10, 2019

Susan Davis
Sacred Heart Hospital of The Emerald Coast
7800 U S Highway 98 West
Destin, Florida 32550-7234

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010323300**

Dear Ms. Davis:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$44,388 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010323300**

Facility Name (current) : **Sacred Heart Hospital of The Emerald Coast**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$44,388
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$44,388
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$22,194

[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

April 10, 2019

Lorraine Lutton, President
Saint Joseph's Hospital
3001 West Dr. Martin Luther King Jr. Boulevard
Tampa, Florida 33607-6307

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010097800**

Dear Ms. Lutton:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$466,553 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010097800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$466,553
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$466,553
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$233,277

[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

April 10, 2019

Janice Balzano
Saint Petersburg General Hospital
6500 38th Avenue North
Saint Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012010300**

Dear Ms. Balzano:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$23,577 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 cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012010300**

Facility Name (current) : **Saint Petersburg General Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,577
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$23,577
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$11,789

[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

April 10, 2019

Tom Vanosdol
Saint Vincent's Medical Center Riverside
1800 Barrs Street
Jacksonville, Florida 32204

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010073100**

Dear Mr. Vanosdol:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$99,783 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010073100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$99,783
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$99,783
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$49,892

[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

April 10, 2019

Doug Sills
Santa Rosa Medical Center
6002 Berryhill Road
Milton, Florida 32570-5062

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010174500**

Dear Mr. Sills:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$656 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010174500**

Facility Name (current) : **Santa Rosa Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$656
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$656
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$328

[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

April 10, 2019

Austin Brown
Seven Rivers Regional Medical Center
6201 North Suncoast Boulevard
Crystal River, Florida 34428-6712

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011998900**

Dear Mr. Brown:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$ 77 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011998900**

Facility Name (current) : **Seven Rivers Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 77
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$ 77
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$ 39

[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

April 10, 2019

Rhonda Sherrod
Shands Lake Shore Regional Medical Center
368 Northeast Franklin Street
Lake City, Florida 32055-3088

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010033100**

Dear Ms. Sherrod:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,610 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 cursive script, 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,610
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$4,610
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$2,305

[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

April 10, 2019

Richard Huth
Shands Live Oak Regional Medical Center
1100 Southwest 11th Street
Live Oak, Florida 32064-3608

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010179600**

Dear Mr. Huth:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$501 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010179600**

Facility Name (current) : **Shands Live Oak Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$501
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$501
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$251

[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

April 10, 2019

Wendy Martin
Shands Starke Regional Medical Center
922 East Call Street
Starke, Florida 32091-3616

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010007200**

Dear Ms. Martin:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$259 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010007200**

Facility Name (current) : **Shands Starke Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$259
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$259
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$130

[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

April 10, 2019

Sharon Roush
South Bay Hospital
4016 Sun City Center Boulevard
Sun City Center, Florida 33573-5298

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011994600**

Dear Ms. Roush:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$11,086 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011994600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$11,086
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$5,543

[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

April 10, 2019

John Moore
South Lake Hospital
1900 Don Wickham Drive
Clermont, Florida 34711-2787

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010108700**

Dear Mr. Moore:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$48,887 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010108700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$48,887
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$48,887
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$24,444

[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

April 10, 2019

Lincoln Mendez
South Miami Hospital Inc
6200 Southwest 73rd Street
Miami, Florida 33143-4679

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010058700**

Dear Mr. Mendez:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$149,701 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010058700**

Facility Name (current) : **South Miami Hospital Inc**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$149,701
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$149,701
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$74,851

[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

April 10, 2019

Brent Burish
St. Cloud Regional Medical Center
2906 17th Street
St. Cloud, Florida 34769-6006

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010346200**

Dear Mr. Burish:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$ 66 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010346200**

Facility Name (current) : **St. Cloud Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 66
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$ 66
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$ 33

[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

April 10, 2019

Jay Finnegan
St. Lucie Medical Center
1800 Southeast Tiffany Avenue
Port St. Lucie, Florida 34952-7521

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011997100**

Dear Mr. Finnegan:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$8,107 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011997100**

Facility Name (current) : **St. Lucie Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,107
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$8,107
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$4,054

[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

April 10, 2019

Tom Vanosdol
St. Vincent's Medical Center Clay County
1670 St. Vincent's Way
Middleburg, Florida 32068-8447

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 009701300**

Dear Mr. Vanosdol:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$18,065 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **009701300**

Facility Name (current) : **St. Vincent's Medical Center Clay County**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,065
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$18,065
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$9,033

[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

April 10, 2019

Tom Vanosdol
St. Vincent's Medical Center Southside
4201 Belfort Road
Jacksonville, Florida 32216-1431

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010373000**

Dear Mr. Vanosdol:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$27,876 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010373000**

Facility Name (current) : **St. Vincent's Medical Center Southside**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$27,876
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$27,876
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$13,938

[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

April 10, 2019

Ron Gicca
Steward Melbourne Hospital, Inc.
250 North Wickman Road
Melbourne, Florida 32940

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010320900**

Dear Mr. Gicca:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,185 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010320900**

Facility Name (current) : **Steward Melbourne Hospital, Inc.**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,185
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$1,185
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$593

[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

April 10, 2019

Andy Romine
Steward Rockledge Hospital, Inc
110 Longwood Avenue
Rockledge, Florida 32955-2828

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010011100**

Dear Mr. Romine:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,442 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010011100**

Facility Name (current) : **Steward Rockledge Hospital, Inc**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,442
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$1,442
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$721

[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

April 10, 2019

Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$155,643 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010113300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$155,643
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$155,643
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$77,822

[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

April 10, 2019

Tim Cowart
The Centers, Inc.
5664 Southwest 60th Avenue
Ocala, Florida 34474-5677

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 016552200**

Dear Mr. Cowart:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$ 22 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **016552200**

Facility Name (current) : **The Centers, Inc.**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 22
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$ 22
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$ 11

[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

April 10, 2019

David A. Whalen
Twin Cities Hospital
2190 Highway 85 North
Niceville, Florida 32578-1045

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010125700**

Dear Mr. Whalen:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$841 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010125700**

Facility Name (current) : **Twin Cities Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$841
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$841
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$421

[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

April 10, 2019

Aaron Robinson
Viera Hospital
8745 North Wickham Road
Melbourne, Florida 32940-5997

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 003158800**

Dear Mr. Robinson:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$19,976 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **003158800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$19,976
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$19,976
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$9,988

[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

April 10, 2019

Donald G. Henderson
Villages Regional Hospital
1451 El Camino Real
The Villages, Florida 32159-0041

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010317900**

Dear Mr. Henderson:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$29,689 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010317900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,689
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$29,689
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$14,845

[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

April 10, 2019

Robbin Lee
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Wellington, Florida 33414-6103

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 010213000**

Dear Ms. Lee:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$34,573 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010213000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$34,573
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$34,573
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$17,287

[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

April 10, 2019

Mitch Feldman
West Boca Medical Center
21644 State Road 7
Boca Raton, Florida 33428-1842

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 012024300**

Dear Mr. Feldman:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$9,183 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012024300**

Facility Name (current) : **West Boca Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,183
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$9,183
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$4,592

[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

April 10, 2019

Brian Baumgardner
West Florida Hospital
8383 North Davis Highway
Pensacola, Florida 32514-6039

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011321200**

Dear Mr. Baumgardner:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$9,050 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011321200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,050
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$9,050
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$4,525

[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

April 10, 2019

Javier Hernandez-Lichtz
West Kendall Baptist Hospital
9555 Southwest 162 Avenue
Miami, Florida 33196

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 003226500**

Dear Mr. Hernandez-Lichtz:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$104,543 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **003226500**

Facility Name (current) : **West Kendall Baptist Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$104,543
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$104,543
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$52,272

[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

April 10, 2019

Barbara Simmons
Westside Regional Medical Center
8201 W Broward Boulevard
Plantation, Florida 33324-2701

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution
Medicaid Number: 011230500**

Dear Ms. Simmons:

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

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$29,495 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 5

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011230500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,495
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 5 Payments	(A - B) = (C)	\$29,495
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 5 Payment [1] [2]	(C x 0.50) = (E)	\$14,748

[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.