



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$52,727 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 Second Payment

Medicaid Number : **010094300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$52,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$52,727
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$24,848
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$27,879</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$1,243 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 Second Payment

Medicaid Number : **010959200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,243
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,243
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$586
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$657</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$18,940 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 Second Payment

Medicaid Number : **010186900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,940
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,940
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$8,926
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$10,014</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$20,057 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

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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 Second Payment

Medicaid Number : **010187700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$20,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$20,057
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$9,452
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$10,605</b>

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

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MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$27,281 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 Second Payment

Medicaid Number : **010182600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$27,281
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$27,281
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$12,856
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$14,425</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$14,410 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

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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 Second Payment

Medicaid Number : **010117600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,410
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,410
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$6,791
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$7,619</b>

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

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RON DESANTIS  
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SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$12,257 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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State of Florida  
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010189300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,257
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,257
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$5,776
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$6,481</b>

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

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



RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$25,573 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,

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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 Second Payment

Medicaid Number : **005456800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,573
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,573
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$12,052
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$13,521</b>

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

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





RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$87,747 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 Second Payment

Medicaid Number : **012037500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$87,747
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$87,747
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$41,351
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$46,396</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$127,137 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 Second Payment

Medicaid Number : **010074900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$127,137
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$127,137
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$59,914
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$67,223</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$308,730 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 Second Payment

Medicaid Number : **010035800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$308,730
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$308,730
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$145,491
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$163,239</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$48,546 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 Second Payment

Medicaid Number : **010232600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$48,546
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$48,546
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$22,878
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$25,668</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

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

Dear Mr. 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 100% (rounded) of your annual appropriation of \$520,716 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 Second Payment

Medicaid Number : **010064100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$520,716
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$520,716
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$245,390
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$275,326</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 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  
Second 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 100% (rounded) of your annual appropriation of \$12,475 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 Second Payment

Medicaid Number : **010006400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,475
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,475
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$5,879
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$6,596</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$3,142 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 Second Payment

Medicaid Number : **010087100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,142
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,142
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$1,481
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,661</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$21,351 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 Second Payment

Medicaid Number : **010028500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$21,351
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$21,351
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$10,062
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$11,289</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$1,738 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 Second Payment

Medicaid Number : **010027700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,738
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,738
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$819
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$919</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$82,309 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 Second Payment

Medicaid Number : **010140100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$82,309
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$82,309
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$38,789
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$43,520</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$40,614 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 Second Payment

Medicaid Number : **011021300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$40,614
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$40,614
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$19,140
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$21,474</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$83,992 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 Second Payment

Medicaid Number : **011807900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$83,992
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$83,992
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$39,582
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$44,410</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Douglas Baer  
Brooks / Genesis Rehabilitation Hospital  
3599 University Boulevard South  
Jacksonville, Florida 32216-4252

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$17,905 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 Second Payment

Medicaid Number : **010271700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$17,905
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$17,905
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$8,438
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$9,467</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$2,029 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 Second Payment

Medicaid Number : **010026900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,029
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,029
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$957
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,072</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$8,194 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 Second Payment

Medicaid Number : **011980600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,194
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,194
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,862
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,332</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$20,328 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 Second Payment

Medicaid Number : **010178800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$20,328
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$20,328
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$9,580
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$10,748</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$25,350 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 Second Payment

Medicaid Number : **010219900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,350
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$11,947
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$13,403</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$23,028 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 Second Payment

Medicaid Number : **010960600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,028
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	<b>(A - B) = (C)</b>	<b>\$23,028</b>
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$10,852
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$12,176</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$18,439 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 Second Payment

Medicaid Number : **012009000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,439
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,439
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$8,690
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$9,749</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$14,993 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 Second Payment

Medicaid Number : **011995400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,993
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,993
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,066
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$7,927</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$6,643 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,

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 Second Payment

Medicaid Number : **010180000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,643
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,643
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,131
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,512</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$42,011 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 Second Payment

Medicaid Number : **010354300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$42,011
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$42,011
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$19,798
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$22,213</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$3,737 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 Second Payment

Medicaid Number : **010253900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,737
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,737
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$1,761
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,976</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$11,831 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 Second Payment

Medicaid Number : **011746300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,831
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$5,575
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$6,256</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

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

Dear Mr. 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 100% (rounded) of your annual appropriation of \$89,849 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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 Second Payment

Medicaid Number : **010171100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$89,849
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$89,849
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$42,342
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$47,507</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$8,064 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 Second Payment

Medicaid Number : **011132500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,064
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,801
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,263</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$47,963 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 Second Payment

Medicaid Number : **010152400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$47,963
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$47,963
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$22,603
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$25,360</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$7,481 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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 Second Payment

Medicaid Number : **011761700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,481
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,481
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,526
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,955</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$58,787 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 Second Payment

Medicaid Number : **010135400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$58,787
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$58,787
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$27,704
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$31,083</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$817 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 Second Payment

Medicaid Number : **010188500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$817
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$817
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$385
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$432</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Ann Barnhart  
Heart of Florida Regional Medical Center  
Post Office Box 67  
Haines City, Florida 33837-5906

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$13,850 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 Second Payment

Medicaid Number : **010228800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,850
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$13,850
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$6,527
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$7,323</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$1,840 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 Second Payment

Medicaid Number : **010089700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,840
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,840
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$867
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$973</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$106,864 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 Second Payment

Medicaid Number : **010146000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$106,864
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$106,864
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$50,360
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$56,504</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$25,024 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 Second Payment

Medicaid Number : **012029400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,024
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,024
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$11,793
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$13,231</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$95,194 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 Second Payment

Medicaid Number : **012013800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$95,194
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$95,194
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$44,861
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$50,333</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$3,193 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 Second Payment

Medicaid Number : **011976800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,193
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,193
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$1,505
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,688</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$6,068 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 Second Payment

Medicaid Number : **010166400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,068
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,068
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$2,860
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,208</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$16,389 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 Second Payment

Medicaid Number : **010342000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$16,389
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$16,389
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,724
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$8,665</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$20,593 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 Second Payment

Medicaid Number : **011969500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$20,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$20,593
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$9,705
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$10,888</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Stephen Pennington  
Lower Keys Medical Center  
Post Office Box 9107  
Key West, Florida 33041

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$6,525 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 Second Payment

Medicaid Number : **010119200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,525
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,525
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,075
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,450</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Robert L. Lord, Jr.  
Martin Medical Center  
10000 Southwest Innovation Way  
Port St. Lucie, Florida 34987

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$140,317 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 Second Payment

Medicaid Number : **010118400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$140,317
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$140,317
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$66,125
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$74,192</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$73,432 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 Second Payment

Medicaid Number : **012008100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$73,432
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	<b>(A - B) = (C)</b>	<b>\$73,432</b>
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$34,605
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$38,827</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$40,807 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 Second Payment

Medicaid Number : **010552000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$40,807
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$40,807
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$19,231
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$21,576</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$12,489 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 Second Payment

Medicaid Number : **010193100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,489
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,489
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$5,886
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$6,603</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$15,488 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 Second Payment

Medicaid Number : **011279800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,488
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$15,488
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,299
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$8,189</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Brian Cook  
North Florida Regional Medical Center  
Post Office Box 147006  
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$14,883 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 Second Payment

Medicaid Number : **010862600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,883
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,883
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,014
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$7,869</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$9,084 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 Second Payment

Medicaid Number : **010126500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,084
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,084
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$4,281
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,803</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$56,300 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 Second Payment

Medicaid Number : **010049800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$56,300
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$56,300
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$26,532
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$29,768</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

Rebecca Kimmelman  
Northwest Florida Community Hospital  
Post Office Box 889  
Chipley, Florida 32428-0889

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$3,157 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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 Second Payment

Medicaid Number : **010190700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,157
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$1,488
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,669</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$42,357 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 Second Payment

Medicaid Number : **010459100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$42,357
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$42,357
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$19,961
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$22,396</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$18,850 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 Second Payment

Medicaid Number : **012007300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,850
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,850
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$8,884
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$9,966</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$16,440 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,

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 Second Payment

Medicaid Number : **010988600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$16,440
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$16,440
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,747
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$8,693</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$18,831 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 Second Payment

Medicaid Number : **011174100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,831
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$8,874
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$9,957</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$15,386 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 Second Payment

Medicaid Number : **010138900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,386
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$15,386
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,251
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$8,135</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$33,933 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 Second Payment

Medicaid Number : **010210500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$33,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$33,933
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$15,992
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$17,941</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$38,540 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 Second Payment

Medicaid Number : **010460400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$38,540
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$38,540
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$18,162
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$20,378</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$15,067 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 Second Payment

Medicaid Number : **012011100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,067
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$15,067
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$7,100
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$7,967</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$24,643 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 Second Payment

Medicaid Number : **012026000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,643
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$24,643
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$11,613
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$13,030</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 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  
Second 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 100% (rounded) of your annual appropriation of \$7,064 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 Second Payment

Medicaid Number : **010314400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,064
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,329
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,735</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$84,609 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 Second Payment

Medicaid Number : **012000600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$84,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$84,609
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$39,873
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$44,736</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$2,161 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 Second Payment

Medicaid Number : **009268300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,161
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,161
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$1,019
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,142</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$4,781 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **011351400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,781
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,781
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$2,253
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,528</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$8,308 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 Second Payment

Medicaid Number : **011975000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,308
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$3,915
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,393</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$54,578 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 Second Payment

Medicaid Number : **011988100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$54,578
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$54,578
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$25,720
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$28,858</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 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  
Second 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 100% (rounded) of your annual appropriation of \$47,095 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 Second Payment

Medicaid Number : **010323300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$47,095
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$47,095
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$22,194
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$24,901</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 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  
Second 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 100% (rounded) of your annual appropriation of \$495,012 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 Second Payment

Medicaid Number : **010097800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$495,012
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$495,012
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$233,277
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$261,735</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$25,015 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 Second Payment

Medicaid Number : **012010300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,015
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,015
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$11,789
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$13,226</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$105,870 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 Second Payment

Medicaid Number : **010073100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$105,870
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$105,870
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$49,892
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$55,978</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$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,

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 Second Payment

Medicaid Number : **010174500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$696
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$696
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$328
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$368</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$ 82 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 Second Payment

Medicaid Number : **011998900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 82
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$ 82
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$ 39
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$ 43</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$4,891 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 Second Payment

Medicaid Number : **010033100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,891
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,891
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$2,305
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,586</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$531 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 Second Payment

Medicaid Number : **010179600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$531
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$531
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$251
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$280</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$275 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 Second Payment

Medicaid Number : **010007200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$275
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	<b>(A - B) = (C)</b>	<b>\$275</b>
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$130
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$145</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$11,762 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 Second Payment

Medicaid Number : **011994600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,762
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,762
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$5,543
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$6,219</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$51,869 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 Second Payment

Medicaid Number : **010108700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$51,869
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$51,869
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$24,444
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$27,425</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$158,832 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 Second Payment

Medicaid Number : **010058700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$158,832
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$158,832
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$74,851
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$83,981</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$ 70 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 Second Payment

Medicaid Number : **010346200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 70
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	<b>(A - B) = (C)</b>	<b>\$ 70</b>
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$ 33
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$ 37</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$8,601 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 Second Payment

Medicaid Number : **011997100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,601
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,601
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$4,054
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,547</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 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  
Second 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 100% (rounded) of your annual appropriation of \$19,167 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 Second Payment

Medicaid Number : **009701300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$19,167
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$19,167
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$9,033
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$10,134</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$29,577 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 Second Payment

Medicaid Number : **010373000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,577
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$29,577
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$13,938
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$15,639</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$1,258 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 Second Payment

Medicaid Number : **010320900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,258
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$593
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$665</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$1,530 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 Second Payment

Medicaid Number : **010011100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,530
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,530
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$721
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$809</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$165,137 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 Second Payment

Medicaid Number : **010113300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$165,137
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$165,137
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$77,822
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$87,315</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$ 23 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 Second Payment

Medicaid Number : **016552200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 23
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	<b>(A - B) = (C)</b>	<b>\$ 23</b>
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$ 11
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$ 12</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$892 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 Second Payment

Medicaid Number : **010125700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$892
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$892
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$421
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$471</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$21,195 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 Second Payment

Medicaid Number : **003158800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$21,195
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$21,195
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$9,988
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$11,207</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$31,500 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 Second Payment

Medicaid Number : **010317900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$31,500
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$31,500
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$14,845
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$16,655</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$36,681 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 Second Payment

Medicaid Number : **010213000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$36,681
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$36,681
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$17,287
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$19,394</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$9,743 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 Second Payment

Medicaid Number : **012024300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,743
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,743
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$4,592
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$5,151</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$9,602 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 Second Payment

Medicaid Number : **011321200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,602
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$4,525
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$5,077</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$110,920 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 Second Payment

Medicaid Number : **003226500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$110,920
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$110,920
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$52,272
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$58,648</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

July 9, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Second 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 100% (rounded) of your annual appropriation of \$31,294 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 Second Payment

Medicaid Number : **011230500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$31,294
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$31,294
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$14,748
<b>Your Second Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(C - D) = (E)	<b>\$16,546</b>

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

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