



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Mia L. Jones, MBA
Agape Community Health Center
12595 Southwest 137th Avenue
Miami, Florida 33186-4222

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 017234400**

Dear Ms. Jones:

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 75% (rounded) of your annual appropriation of \$158,851 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **017234400**

Facility Name (current) : **Agape Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$158,851
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$158,851
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$119,138

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Laura Spencer
Azalea Health
Palatka Family Medical Center
Palatka, Florida 32177-5042

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029543400**

Dear Ms. Spencer:

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 75% (rounded) of your annual appropriation of \$964,416 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029543400**

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

Annual Group 3 distribution to your facility	(A)	\$964,416
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$964,416
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$723,312

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

March 7, 2019

Bruce Hayden
Banyan Community Health Clinic
3733 West Flagler Street
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 013881900**

Dear Mr. Hayden:

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 75% (rounded) of your annual appropriation of \$267,001 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **013881900**

Facility Name (current) : **Banyan Community Health Clinic**

Annual Group 3 distribution to your facility	(A)	\$267,001
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$267,001
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$200,251

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

March 7, 2019

Temple O. Robinson, MD
Bond Community Health Clinic
2650 Municipal Way
Tallahassee, Florida 32304-3804

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060551400**

Dear Dr. 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 75% (rounded) of your annual appropriation of \$235,865 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **060551400**

Facility Name (current) : **Bond Community Health Clinic**

Annual Group 3 distribution to your facility	(A)	\$235,865
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$235,865
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$176,899

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Paul Velez
Borinquen Health Care Center
3601 Federal Highway
Miami, Florida 33137-3795

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029554000**

Dear Mr. Velez:

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 75% (rounded) of your annual appropriation of \$1,771,897 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029554000**

Facility Name (current) : **Borinquen Health Care Center**

Annual Group 3 distribution to your facility	(A)	\$1,771,897
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,771,897
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,328,923

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

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SECRETARY

March 7, 2019

Lisa Gurri
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688693100**

Dear Ms. Gurri:

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 75% (rounded) of your annual appropriation of \$1,497,986 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **688693100**

Facility Name (current) : **Brevard Health Alliance**

Annual Group 3 distribution to your facility	(A)	\$1,497,986
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,497,986
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,123,490

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

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



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SECRETARY

March 7, 2019

Rosalyn Frazier
Broward Community & Family Health
5010 - 5012 Hollywood Boulevard
Hollywood, Florida 33021-6557

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680027100**

Dear Ms. Frazier:

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 75% (rounded) of your annual appropriation of \$294,787 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **680027100**

Facility Name (current) : **Broward Community & Family Health**

Annual Group 3 distribution to your facility	(A)	\$294,787
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$294,787
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$221,090

[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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SECRETARY

March 7, 2019

Christopher F. Irizarry, MPA
C.L. Brumbach Palm Beach
1250 Southwinds Drive
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 008037100**

Dear Mr. Irizarry:

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 75% (rounded) of your annual appropriation of \$2,037,463 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **008037100**

Facility Name (current) : **C.L. Brumback Palm Beach**

Annual Group 3 distribution to your facility	(A)	\$2,037,463
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,037,463
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,528,097

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

March 7, 2019

Francis Afram-Gyening
Camillus Health Concern, Inc.
336 Northwest 5th Street
Miami, Florida 33128-0000

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

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 75% (rounded) of your annual appropriation of \$487,330 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **680002500**

Facility Name (current) : **Camillus Health Concern, Inc.**

Annual Group 3 distribution to your facility	(A)	\$487,330
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$487,330
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$365,498

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Rick Siclari
Care Resource
871 West Oakland Park Boulevard
Wilton Manors, Florida 33311-1731

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 003407900**

Dear Mr. Siclari:

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 75% (rounded) of your annual appropriation of \$786,906 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **003407900**

Facility Name (current) : **Care Resource**

Annual Group 3 distribution to your facility	(A)	\$786,906
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$786,906
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$590,180

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

T. Delores Dunn, MS
Center For Families & Child Enrichment
1825 Northwest 167th Street
Miami Gardens, Florida 33056-4838

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010930500**

Dear Ms. Dunn:

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 75% (rounded) of your annual appropriation of \$160,598 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **010930500**

Facility Name (current) : **Center For Families & Child Enrichment**

Annual Group 3 distribution to your facility	(A)	\$160,598
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$160,598
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$120,449

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Anita Cunningham
CenterPlace Health
2200 Ringling Blvd
Sarasota, FL 34237

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 025148200**

Dear Ms. Cunningham:

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 75% (rounded) of your annual appropriation of \$575,161 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **025148200**

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

Annual Group 3 distribution to your facility	(A)	\$575,161
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$575,161
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$431,371

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Latrice N. Stewart, MBA, CMP
Central Florida Family Health Centers
4930 East Lake Mary Boulevard
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029551500**

Dear Ms. Stewart:

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 75% (rounded) of your annual appropriation of \$837,499 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029551500**

Facility Name (current) : **Central Florida Family Health Centers**

Annual Group 3 distribution to your facility	(A)	\$837,499
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$837,499
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$628,124

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Joy Johnson
Central Florida Health Care - Frostproof
109 West Wall Street
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029549300**

Dear Ms. 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 75% (rounded) of your annual appropriation of \$929,755 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029549300**

Facility Name (current) : **Central Florida Health Care - Frostproof**

Annual Group 3 distribution to your facility	(A)	\$929,755
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$929,755
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$697,316

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Maria A Alonso
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688571300**

Dear Ms. Alonso:

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 75% (rounded) of your annual appropriation of \$794,064 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

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network**

Annual Group 3 distribution to your facility	(A)	\$794,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$794,064
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$595,548

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Mike Ellis
Collier Health Services, Inc.
1454 Madison Avenue West
Immokalee, Florida 34142-2200

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029152800**

Dear Mr. Ellis:

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 75% (rounded) of your annual appropriation of \$1,045,070 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029152800**

Facility Name (current) : **Collier Health Services, Inc.**

Annual Group 3 distribution to your facility	(A)	\$1,045,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,045,070
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$783,803

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Brodes H. Hartley, Jr.
Community Health Center South Florida
10300 Southwest 216th Street
Miami, Florida 33190-0000

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029572800**

Dear Mr. Hartley:

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 75% (rounded) of your annual appropriation of \$4,036,574 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029572800**

Facility Name (current) : **Community Health Center South Florida**

Annual Group 3 distribution to your facility	(A)	\$4,036,574
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$4,036,574
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$3,027,431

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Margrette Brennan
Community Health Centers
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029545100**

Dear Ms. Brennan:

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 75% (rounded) of your annual appropriation of \$1,868,647 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029545100**

Facility Name (current) : **Community Health Centers**

Annual Group 3 distribution to your facility	(A)	\$1,868,647
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,868,647
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,401,485

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Pat Mabe
Community Health Centers Pinellas
1344 22nd Street South
Saint Petersburg, Florida 33712-2744

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029565500**

Dear Mr. Mabe:

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 75% (rounded) of your annual appropriation of \$997,543 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029565500**

Facility Name (current) : **Community Health Centers Pinellas**

Annual Group 3 distribution to your facility	(A)	\$997,543
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$997,543
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$748,157

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Vanessa Mills
Empower-U
7900 Northwest 27th Avenue
Miami, Florida 33147-4909

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010739700**

Dear Ms. Mills:

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 75% (rounded) of your annual appropriation of \$43,001 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **010739700**

Facility Name (current) : **Empower-U**

Annual Group 3 distribution to your facility	(A)	\$43,001
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$43,001
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$32,251

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Chandra Smiley
Escambia Community Clinics
14 West Jordan Street
Pensacola, Florida 32501-1736

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 692990700**

Dear Ms. Smiley:

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 75% (rounded) of your annual appropriation of \$605,825 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **692990700**

Facility Name (current) : **Escambia Community Clinics**

Annual Group 3 distribution to your facility	(A)	\$605,825
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$605,825
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$454,369

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Dr. Frank Mazzeo Jr.
Family Health Center of SW Florida
2232 Grand Avenue
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

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 75% (rounded) of your annual appropriation of \$803,049 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029570100**

Facility Name (current) : **Family Health Center of SW Florida**

Annual Group 3 distribution to your facility	(A)	\$803,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$803,049
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$602,287

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Laurie Asbury
Family Health Source - Pierson
216 North Frederick Street
Pierson, Florida 32180-0000

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687955100**

Dear Ms. Asbury:

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 75% (rounded) of your annual appropriation of \$123,689 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **687955100**

Facility Name (current) : **Family Health Source - Pierson**

Annual Group 3 distribution to your facility	(A)	\$123,689
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$123,689
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$92,767

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Wihelmina Lewis, MD
Florida Community Health Centers
1871 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7567

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 684660200**

Dear Dr. Lewis:

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 75% (rounded) of your annual appropriation of \$914,933 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **684660200**

Facility Name (current) : **Florida Community Health Centers**

Annual Group 3 distribution to your facility	(A)	\$914,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$914,933
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$686,200

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Yollette Bonnet
Foundcare
2330 South Congress Avenue
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001182600**

Dear Ms. Bonnet:

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 75% (rounded) of your annual appropriation of \$1,098,097 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **001182600**

Facility Name (current) : **Foundcare**

Annual Group 3 distribution to your facility	(A)	\$1,098,097
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,098,097
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$823,573

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

DeAnna Warren
Genesis
2815 South Seacrest Boulevard
Palm Beach, Florida 33435-7934

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006608600**

Dear Ms. Warren:

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 75% (rounded) of your annual appropriation of \$142,019 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **006608600**

Facility Name (current) : **Genesis**

Annual Group 3 distribution to your facility	(A)	\$142,019
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$142,019
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$106,514

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

John Goodrich
Health Care for The Homeless
232 North Orange Blossom Trail
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687429100**

Dear Mr. Goodrich:

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 75% (rounded) of your annual appropriation of \$1,002,425 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **687429100**

Facility Name (current) : **Health Care for The Homeless**

Annual Group 3 distribution to your facility	(A)	\$1,002,425
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,002,425
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$751,819

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Rich Mutarelli
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001718300**

Dear Mr. Mutarelli:

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 75% (rounded) of your annual appropriation of \$433,040 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **001718300**

Facility Name (current) : **Heart of Florida Health Center**

Annual Group 3 distribution to your facility	(A)	\$433,040
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$433,040
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$324,780

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Annie Neasman, MS, RN
Jessie Trice Community Health Center
901 East 10th Avenue
Hialeah, Florida 33010-3762

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029540000**

Dear Ms. Neasman:

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 75% (rounded) of your annual appropriation of \$1,896,121 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029540000**

Facility Name (current) : **Jessie Trice Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$1,896,121
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,896,121
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,422,091

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Joseph Hanratty
Langley Health Services
1425 S. US Highway 301
Sumterville, FL 33585

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029547700**

Dear Mr. Hanratty:

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 75% (rounded) of your annual appropriation of \$322,321 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029547700**

Facility Name (current) : **Langley Health Services**

Annual Group 3 distribution to your facility	(A)	\$322,321
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$322,321
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$241,741

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Robert Johns
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, Florida 33903-4818

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 014789100**

Dear Mr. Johns:

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 75% (rounded) of your annual appropriation of \$176,149 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **014789100**

Facility Name (current) : **Lee Community Healthcare**

Annual Group 3 distribution to your facility	(A)	\$176,149
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$176,149
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$132,112

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Walter L. Presha
Manatee County Rural Health Services
12271 US Highway 301 North
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029561200**

Dear Mr. Presha:

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 75% (rounded) of your annual appropriation of \$2,644,161 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029561200**

Facility Name (current) : **Manatee County Rural Health Services**

Annual Group 3 distribution to your facility	(A)	\$2,644,161
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,644,161
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,983,121

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Margrette Brennan
Miami Beach Community Health Center
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029544200**

Dear Ms. Brennan:

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 75% (rounded) of your annual appropriation of \$1,421,105 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029544200**

Facility Name (current) : **Miami Beach Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$1,421,105
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,421,105
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,065,829

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Jeanne' Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 262263700**

Dear Ms. Freeman:

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 75% (rounded) of your annual appropriation of \$349,774 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **262263700**

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

Annual Group 3 distribution to your facility	(A)	\$349,774
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$349,774
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$262,331

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Amie Johns
New River - Union County County Health Department
495 East Main Street
Lake Butler, Florida 32054-1731

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027973100**

Dear Ms. Johns:

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 75% (rounded) of your annual appropriation of \$115,819 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **027973100**

Facility Name (current) : **New River - Union County County Health Department**

Annual Group 3 distribution to your facility	(A)	\$115,819
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$115,819
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$86,864

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Lane Lunn
North Florida Medical Center
255 West River Road
Wewahitchka, Florida 32465-4533

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029568000**

Dear Ms. Lunn:

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 75% (rounded) of your annual appropriation of \$355,180 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029568000**

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

Annual Group 3 distribution to your facility	(A)	\$355,180
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$355,180
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$266,385

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Belinda Johnson-Cornett
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, Florida 24759

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

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 75% (rounded) of your annual appropriation of \$455,371 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **020530900**

Facility Name (current) : **Osceola Community Health Services**

Annual Group 3 distribution to your facility	(A)	\$455,371
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$455,371
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$341,528

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Anita Riels
Palms Medical Group
911 South Main Street
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029506000**

Dear Ms. Riels:

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 75% (rounded) of your annual appropriation of \$725,852 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029506000**

Facility Name (current) : **Palms Medical Group**

Annual Group 3 distribution to your facility	(A)	\$725,852
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$725,852
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$544,389

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

R. Michael Hill
PanCare Health Center
2309 East 15th Street
Panama City, Florida 32405-6345

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 689693600**

Dear Mr. Hill:

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 75% (rounded) of your annual appropriation of \$579,875 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **689693600**

Facility Name (current) : **PanCare Health Center**

Annual Group 3 distribution to your facility	(A)	\$579,875
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$579,875
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$434,906

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Lourdes Benedict
Pinellas County Health and Community Services
647 1st Avenue North
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688412100**

Dear Ms. Benedict:

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 75% (rounded) of your annual appropriation of \$414,649 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **688412100**

Facility Name (current) : **Pinellas County Health and Community Services**

Annual Group 3 distribution to your facility	(A)	\$414,649
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$414,649
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$310,987

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Joseph D. Resnick, MHA, FACHE
Premier HealthCare Group
14027 5th Street
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029550700**

Dear Mr. Resnick:

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 75% (rounded) of your annual appropriation of \$1,190,313 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029550700**

Facility Name (current) : **Premier HealthCare Group**

Annual Group 3 distribution to your facility	(A)	\$1,190,313
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,190,313
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$892,735

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Gary Skillington
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard
Key West, Florida 33040-4566

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006558500**

Dear Mr. Skillington:

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 75% (rounded) of your annual appropriation of \$86,588 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **006558500**

Facility Name (current) : **Rural Health Network of Monroe County**

Annual Group 3 distribution to your facility	(A)	\$86,588
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$86,588
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$64,941

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Kara Russell
Sulzbacher Ctr for the Homeless
611 East Adams Street
Jacksonville, Florida 32202-2847

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 686032000**

Dear Ms. Russell:

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 75% (rounded) of your annual appropriation of \$528,023 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **686032000**

Facility Name (current) : **Sulzbacher Ctr for the Homeless**

Annual Group 3 distribution to your facility	(A)	\$528,023
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$528,023
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$396,017

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Walter L. Presha
Suncoast Health Community Center
2814 14th Ave SE
Ruskin, Florida 33750-5471

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029557400**

Dear Mr. Presha:

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 75% (rounded) of your annual appropriation of \$2,052,485 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029557400**

Facility Name (current) : **Suncoast Health Community Center**

Annual Group 3 distribution to your facility	(A)	\$2,052,485
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,052,485
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,539,364

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Charles Bottoms
Tampa Community Health Center
3901 South West Shor Boulevard
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029548500**

Dear Mr. Bottoms:

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 75% (rounded) of your annual appropriation of \$1,841,936 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **029548500**

Facility Name (current) : **Tampa Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$1,841,936
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,841,936
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,381,452

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Vicki Soule, MBA, MS (FACHE)
Treasure Coast
12196 County Road 512
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680005000**

Dear Ms. Soule:

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 75% (rounded) of your annual appropriation of \$370,124 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **680005000**

Facility Name (current) : **Treasure Coast**

Annual Group 3 distribution to your facility	(A)	\$370,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$370,124
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$277,593

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 7, 2019

Holly Holt
Walton County Health Department
1338 South Boulevard
Chipley, Florida 32428-0000

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027976500**

Dear Ms. Holt:

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 75% (rounded) of your annual appropriation of \$107,078 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 3

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **027976500**

Facility Name (current) : **Walton County Health Department**

Annual Group 3 distribution to your facility	(A)	\$107,078
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$107,078
Total of your Group 3 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$80,309

[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.