



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Erika Skula  
AdventHealth Carrollwood  
7171 N Dale Mabry Hwy  
Tampa, FL 33614

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010094300**

Dear Ms. Skula:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$503,834 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010094300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$503,834
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$503,834
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$377,876</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Jason Dunkel  
AdventHealth North Pinellas  
1395 S Pinellas Ave  
Tarpon Springs, FL 34689

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010161300**

Dear Mr. Dunkel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$349,727 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010161300**

Facility Name (current) : **AdventHealth North Pinellas**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$349,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$349,727
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$262,295</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Denyse Bales-Chubb  
AdventHealth Tampa  
3100 E Fletcher Ave  
Tampa, FL 33613

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$2,117,455 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010102800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,117,455
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,117,455
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$1,588,091</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Abel B. Biri  
AdventHealth Waterman  
1000 Waterman Way  
Tavares, FL 32778

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010109500**

Dear Mr. Biri:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$577,016 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid 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  
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010109500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$577,016
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$577,016
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$432,762</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Randall Surber  
AdventHealth Wauchula  
735 S 5th Ave  
Wauchula, FL 33873

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010260100**

Dear Mr. Surber:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$38,991 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010260100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$38,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$38,991
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$29,243</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Amanda Maggard  
AdventHealth Zephyrhills  
7050 Gall Blvd  
Zephyrhills, FL 33541

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010149400**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$376,636 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010149400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$376,636
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$376,636
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$282,477</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Ed Huble  
Baptist Medical Center - Nassau  
1250 S 18th St.  
Fernandina Beach, FL 32034

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010123100**

Dear Mr. Huble:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$268,956 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010123100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$268,956
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$268,956
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$201,717</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Karen Kerr  
Bartow Regional Medical Center  
2200 Osprey Blvd  
Bartow, FL 33830

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 012041300**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$266,871 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **012041300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$266,871
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$266,871
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$200,153</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Jason P. Barrett  
Flagler Hospital  
400 Health Park Blvd  
Saint Augustine, FL 32086

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010171100**

Dear Mr. Barrett:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$704,385 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010171100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$704,385
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$704,385
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$528,289</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Michael Bell  
Hialeah Hospital  
651 E 25th St.  
Hialeah, FL 33013

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010041200**

Dear Mr. Bell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$360,273 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010041200**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$360,273
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$360,273
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$270,205</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Brett Esrock  
Holmes Regional Medical Center  
1350 S Hickory St.  
Melbourne, FL 32901

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010008100**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$1,792,731 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010008100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,792,731
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,792,731
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$1,344,548</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

J. Gregory Rosencrance, MD  
Cleveland Clinic Indian River Hospital  
1000 36th St.  
Vero Beach, FL 32960

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010104400**

Dear Dr. Rosencrance:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$504,321 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid 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  
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010104400**

Facility Name (current) : **Cleveland Clinic Indian River Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$504,321
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$504,321
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$378,241</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Michael T. Hutchins  
Jay Hospital  
14114 Alabama St.  
Jay, FL 32565

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010173700**

Dear Mr. Hutchins:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$58,353 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010173700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$58,353
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$58,353
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$43,765</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Timothy Regan  
Lakeland Regional Medical Center  
1324 Lakeland Hills Blvd  
Lakeland, FL 33805

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010164800**

Dear Dr. Regan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$1,873,669 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010164800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,873,669
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,873,669
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$1,405,252</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Donald G. Henderson  
Leesburg Regional Medical Center  
600 E Dixie Ave  
Leesburg, FL 34748

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010107900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$404,285 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010107900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$404,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$404,285
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$303,214</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Kevin DiLallo  
Manatee Memorial Hospital  
206 2nd St E  
Bradenton, FL 34208

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$919,281 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010116800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$919,281
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$919,281
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$689,461</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Richard L. Freeburg  
Mariners Hospital  
91500 Overseas Hwy  
Tavernier, FL 33070

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010121400**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$210,504 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010121400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$210,504
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$210,504
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$157,878</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Glenn Davenport Waters  
Mease Dunedin Hospital  
601 Main St.  
Dunedin, FL 34698

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010154100**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$388,748 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010154100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$388,748
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$388,748
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$291,561</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Glenn Davenport Waters  
Morton Plant Hospital  
300 Pinellas St.  
Clearwater, FL 33756

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010158300**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$1,639,880 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010158300**

Facility Name (current) : **Morton Plant Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,639,880
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,639,880
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$1,229,910</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Paul Hiltz  
Naples Community Hospital  
350 7th St. N  
Naples, FL 34102

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010031500**

Dear Mr. Hiltz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$1,331,828 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010031500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,331,828
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,331,828
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$998,871</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Valerie Powell-Stafford  
Northside Hospital  
6000 49th St. N  
Saint Petersburg, FL 33709

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 011519300**

Dear Ms. Powell-Stafford:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$414,929 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **011519300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$414,929
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$414,929
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$311,197</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Brett Esrock  
Palm Bay Hospital  
1425 Malabar Rd. NE  
Palm Bay, FL 32907

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 003297500**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$568,043 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **003297500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$568,043
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$568,043
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$426,032</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Gina Temple, PhD, MPA, BSN  
Regional Medical Center Bayonet Point  
14000 Fivay Rd.  
Hudson, FL 34667

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 011988100**

Dear Ms. Temple:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$438,895 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **011988100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$438,895
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$438,895
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$329,171</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Roger L. Hall  
Sacred Heart Hospital on The Emerald Coast  
7800 US Hwy 98 W  
Miramar Beach, FL 32550

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010323300**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$443,139 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010323300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$443,139
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$443,139
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$332,354</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Roger L. Hall  
Sacred Heart Hospital on The Gulf  
3801 E Hwy 98  
Port Saint Joe, FL 32456

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 002012700**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$159,002 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **002012700**

Facility Name (current) : **Sacred Heart Hospital on The Gulf**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$159,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$159,002
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$119,252</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Glenn Davenport Waters  
South Florida Baptist Hospital  
301 N Alexander St.  
Plant City, FL 33563

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010098600**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$743,740 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010098600**

Facility Name (current) : **South Florida Baptist Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$743,740
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$743,740
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$557,805</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Glenn Davenport Waters  
St. Anthonys Hospital  
1200 Seventh Ave N  
Saint Petersburg, FL 33705

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 012022700**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$1,361,779 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **012022700**

Facility Name (current) : **St. Anthony's Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,361,779
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,361,779
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$1,021,334</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Glenn Davenport Waters  
St. Josephs Hospital  
3001 W Martin Luther King Jr Blvd  
Tampa, FL 33607

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010097800**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$3,999,924 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010097800**

Facility Name (current) : **St. Josephs Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$3,999,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$3,999,924
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$2,999,943</b>

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Sonia I. Wellman  
Tampa Community Hospital- A Campus of Memorial Hospital Of Tampa  
6001 Webb Rd.  
Tampa, FL 33615

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 011984900**

Dear Ms. Wellman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$192,070 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **011984900**

Facility Name (current) : **Tampa Community Hospital- A Campus of Memorial Hospital Of Tampa**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$192,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$192,070
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$144,053</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Rudy Garcia  
Westchester General Hospital  
2500 SW 75th Ave  
Miami, FL 33155

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010062500**

Dear Mr. Garcia:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$113,396 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010062500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$113,396
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$113,396
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$85,047</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 26, 2020

Glenn Davenport Waters  
Winter Haven Hospital  
200 Ave F NE  
Winter Haven, FL 33881

**RE: State Fiscal Year 2019 - 2020  
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010169900**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. 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% of your annual appropriation of \$1,078,598 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,078,598
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,078,598
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(C x 0.75) = (E)	<b>\$808,949</b>

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