



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$619,534 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 Second Payment

Medicaid Number : **010094300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$619,534
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$619,534
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$377,876
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$241,658

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$430,038 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 Second Payment

Medicaid Number : **010161300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$430,038
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$430,038
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$262,295
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$167,743

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$2,603,705 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 Second Payment

Medicaid Number : **010102800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,603,705
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,603,705
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,588,091
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$1,015,614

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$709,521 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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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010109500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$709,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$709,521
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$432,762
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$276,759

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$47,945 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 Second Payment

Medicaid Number : **010260100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$47,945
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$47,945
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$29,243
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$18,702

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



RON DESANTIS
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SECRETARY

June 22, 2020

Amanda Maggard
AdventHealth Zephyrhills
7050 Gall Blvd
Zephyrhills, FL FL

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$463,126 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 Second Payment

Medicaid Number : **010149400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$463,126
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$463,126
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$282,477
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$180,649

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$330,718 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010123100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$330,718
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$330,718
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$201,717
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$129,001

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$328,155 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 Second Payment

Medicaid Number : **012041300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$328,155
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$328,155
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$200,153
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$128,002

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

Brett Esrock
Cape Canaveral Hospital
701 W Cocoa Beach Cswy
Cocoa Beach, FL FL

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010009900**

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 100% of your annual appropriation of \$526,496 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 : **010009900**

Facility Name (current) : **Cape Canaveral Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$526,496
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$526,496
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$526,496

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$866,139 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 Second Payment

Medicaid Number : **010171100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$866,139
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$866,139
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$528,289
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$337,850

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$443,005 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010041200**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$443,005
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$443,005
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$270,205
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$172,800

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$2,204,412 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 Second Payment

Medicaid Number : **010008100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,204,412
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,204,412
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,344,548
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$859,864

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$620,132 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 Second Payment

Medicaid Number : **010104400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$620,132
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$620,132
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$378,241
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$241,891

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$71,753 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,

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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 Second Payment

Medicaid Number : **010173700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$71,753
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$71,753
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$43,765
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$27,988

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$2,303,936 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 Second Payment

Medicaid Number : **010164800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,303,936
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,303,936
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,405,252
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$898,684

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$497,124 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 Second Payment

Medicaid Number : **010107900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$497,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$497,124
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$303,214
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$193,910

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$1,130,384 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 Second Payment

Medicaid Number : **010116800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,130,384
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,130,384
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$689,461
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$440,923

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$258,843 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 Second Payment

Medicaid Number : **010121400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$258,843
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$258,843
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$157,878
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$100,965

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$478,019 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 Second Payment

Medicaid Number : **010154100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$478,019
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$478,019
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$291,561
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$186,458

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$2,016,460 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 Second Payment

Medicaid Number : **010158300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,016,460
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,016,460
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,229,910
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$786,550

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$1,637,668 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010031500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,637,668
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,637,668
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$998,871
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$638,797

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$510,213 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **011519300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$510,213
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$510,213
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$311,197
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$199,016

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$698,487 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 Second Payment

Medicaid Number : **003297500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$698,487
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$698,487
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$426,032
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$272,455

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$539,682 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 Second Payment

Medicaid Number : **011988100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$539,682
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$539,682
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$329,171
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$210,511

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$544,901 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 Second Payment

Medicaid Number : **010323300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$544,901
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$544,901
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$332,354
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$212,547

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$195,515 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 Second Payment

Medicaid Number : **002012700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$195,515
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$195,515
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$119,252
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$76,263

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$914,532 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010098600**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$914,532
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$914,532
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$557,805
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$356,727

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$1,674,496 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **012022700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,674,496
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,674,496
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$1,021,334
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$653,162

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$4,918,462 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 Second Payment

Medicaid Number : **010097800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$4,918,462
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$4,918,462
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$2,999,943
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$1,918,519

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$236,177 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 Second 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)	\$236,177
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$236,177
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$144,053
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$92,124

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$139,436 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 Second Payment

Medicaid Number : **010062500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$139,436
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$139,436
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$85,047
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$54,389

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 22, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 100% of your annual appropriation of \$1,326,286 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010169900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,326,286
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,326,286
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$808,949
Your Scheduled Group 1 Tier 1 Payment [1]	(C - D) = (E)	\$517,337

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