

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



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



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



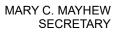
Low Income Pool (LIP) Group 1, Tier 1

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





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

LS:rp



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



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

LS:rp



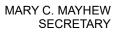
Low Income Pool (LIP) Group 1, Tier 1

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



ANTH CARE ADDING

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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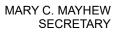
Low Income Pool (LIP) Group 1, Tier 1

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





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

LS:rp



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



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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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



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

LS:rp



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



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



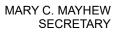
Low Income Pool (LIP) Group 1, Tier 1

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



STATE OF FLORIDA

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



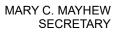
Low Income Pool (LIP) Group 1, Tier 1

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



ATH CARE AGAINST ATTOM

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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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



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

LS:rp



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



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

LS:rp



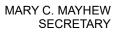
Low Income Pool (LIP) Group 1, Tier 1

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



STATE OF FLORIDA

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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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



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

LS:rp



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



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



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



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



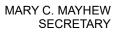
Low Income Pool (LIP) Group 1, Tier 1

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





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



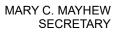
Low Income Pool (LIP) Group 1, Tier 1

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





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



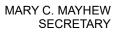
Low Income Pool (LIP) Group 1, Tier 1

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





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



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



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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



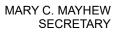
Low Income Pool (LIP) Group 1, Tier 1

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





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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



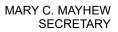
Low Income Pool (LIP) Group 1, Tier 1

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



CONTRACT OF FLORIDA

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



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



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



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



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



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



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



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



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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



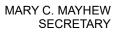
Low Income Pool (LIP) Group 1, Tier 1

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





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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : 012022700

Facility Name (current): St. Anthonys 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



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



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



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



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



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



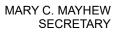
Low Income Pool (LIP) Group 1, Tier 1

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





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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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