



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 50% (rounded) of your annual appropriation of \$2,666,857 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,666,857
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,666,857
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,333,429

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010821900**

Dear Mr. Gross:

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 50% (rounded) of your annual appropriation of \$2,718,368 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.

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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,718,368
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,718,368
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,359,184

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

February 12, 2020

Jonathan R. Turton
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010012900**

Dear Mr. Turton:

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 50% (rounded) of your annual appropriation of \$21,097,153 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.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$21,097,153
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$21,097,153
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$10,548,577

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

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



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February 12, 2020

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010021800**

Dear Ms. Taylor:

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 50% (rounded) of your annual appropriation of \$8,625,320 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.

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Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$8,625,320
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$8,625,320
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$4,312,660

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February 12, 2020

Scott Kashman
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, FL 33990

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011971700**

Dear Mr. Kashman:

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 50% (rounded) of your annual appropriation of \$10,278,747 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.

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Medicaid Program Finance

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Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **011971700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$10,278,747
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$10,278,747
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$5,139,374

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

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MARY C. MAYHEW
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February 12, 2020

Vincent Sica
De Soto Memorial Hospital
900 N Robert Ave
Arcadia, FL 34266

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010192300**

Dear Mr. Sica:

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 50% (rounded) of your annual appropriation of \$1,982,706 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.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010192300**

Facility Name (current) : **De Soto Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,982,706
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,982,706
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$991,353

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

February 12, 2020

Jo Ann M. Baker
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010103600**

Dear Ms. Baker:

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 50% (rounded) of your annual appropriation of \$276,494 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.

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State of Florida
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010103600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$276,494
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$276,494
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$138,247

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

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



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MARY C. MAYHEW
SECRETARY

February 12, 2020

Dennis R. Markos
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010004800**

Dear Mr. Markos:

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 50% (rounded) of your annual appropriation of \$1,723,159 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,723,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,723,159
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$861,580

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

David Walker
George E. Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010080300**

Dear Mr. Walker:

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 50% (rounded) of your annual appropriation of \$529,168 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E. Weems Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$529,168
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$529,168
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$264,584

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Lawrence R. Antonucci
Gulf Coast Medical Center Lee Memorial Health System
13681 Doctors Way
Fort Myers, FL 33912

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011134100**

Dear Mr. Antonucci:

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 50% (rounded) of your annual appropriation of \$13,197,836 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.

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Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **011134100**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial Health System**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$13,197,836
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$13,197,836
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$6,598,918

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010184200**

Dear Mr. Feasel:

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 50% (rounded) of your annual appropriation of \$18,953,009 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.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010184200**

Facility Name (current) : **Halifax Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$18,953,009
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$18,953,009
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$9,476,505

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Raymond D. Williams
Hendry Regional Medical Center
524 W Sagamore Ave
Clewiston, FL 33440

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010086200**

Dear Mr. Williams:

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 50% (rounded) of your annual appropriation of \$1,579,204 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.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010086200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,579,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,579,204
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$789,602

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

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010226100**

Dear Mr. Duquette:

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 50% (rounded) of your annual appropriation of \$23,823,229 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.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010226100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$23,823,229
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$23,823,229
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$11,911,615

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Carrol James Platt
Jackson Hospital
4250 Hospital Dr.
Marianna, FL 32446

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010106100**

Dear Mr. Platt:

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 50% (rounded) of your annual appropriation of \$2,046,348 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.

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010106100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,046,348
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,046,348
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,023,174

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010042100**

Dear Mr. Migoya:

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 50% (rounded) of your annual appropriation of \$108,763,020 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010042100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$108,763,020
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$108,763,020
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$54,381,510

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010151600**

Dear Mr. Kmetz:

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 50% (rounded) of your annual appropriation of \$2,329,429 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010151600**

Facility Name (current) : **Johns Hopkins All Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,329,429
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,329,429
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,164,715

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Pamela B. Howard
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010822700**

Dear Ms. Howard:

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 50% (rounded) of your annual appropriation of \$921,179 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010822700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$921,179
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$921,179
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$460,590

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010144300**

Dear Ms. Davis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 50% (rounded) of your annual appropriation of \$748,348 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010144300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$748,348
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$748,348
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$374,174

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Sandra Sosa-Guerrero
Larkin Community Hospital
7031 SW 62nd Ave
South Miami, FL 33143

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

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 50% (rounded) of your annual appropriation of \$2,483,130 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **012005700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,483,130
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,483,130
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,241,565

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010110900**

Dear Mr. Antonucci:

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 50% (rounded) of your annual appropriation of \$35,197,433 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010110900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$35,197,433
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$35,197,433
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$17,598,717

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

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 50% (rounded) of your annual appropriation of \$2,316,025 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010345400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,316,025
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,316,025
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,158,013

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010222900**

Dear Mr. Doyle:

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 50% (rounded) of your annual appropriation of \$5,565,784 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010222900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$5,565,784
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$5,565,784
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$2,782,892

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010252100**

Dear Ms. Carpenter:

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 50% (rounded) of your annual appropriation of \$7,726,709 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010252100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$7,726,709
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$7,726,709
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$3,863,355

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010020000**

Dear Mr. Ross:

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 50% (rounded) of your annual appropriation of \$33,008,211 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010020000**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$33,008,211
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$33,008,211
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$16,504,106

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Glenn Davenport Waters
Morton Plant North Bay Hospital
6600 Madison St.
New Port Richey, FL 34652

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010150800**

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 50% (rounded) of your annual appropriation of \$12,280,104 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010150800**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$12,280,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$12,280,104
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$6,140,052

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

R Lawrence Moss, MD, FACS, FAAP
Nemours Children's Hospital
13535 Nemours Pkwy
Orlando, FL 32827

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 004087600**

Dear Dr. Moss:

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 50% (rounded) of your annual appropriation of \$811,618 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **004087600**

Facility Name (current) : **Nemours Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$811,618
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$811,618
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$405,809

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

Mathew Love
Nicklaus Children's Hospital
3100 SW 62nd Ave
Miami, FL 33155

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010060900**

Dear Mr. Love:

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 50% (rounded) of your annual appropriation of \$212,692 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010060900**

Facility Name (current) : **Nicklaus Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$212,692
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$212,692
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$106,346

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

George Mikitarian
Parrish Medical Center
951 N Washington Ave
Titusville, FL 32796

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

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 50% (rounded) of your annual appropriation of \$2,828,663 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010010200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,828,663
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,828,663
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$1,414,332

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010176100**

Dear Mr. Verinder:

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 50% (rounded) of your annual appropriation of \$14,159,968 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010176100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,159,968
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$14,159,968
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$7,079,984

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2020

John Couris
Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010099400**

Dear Mr. Couris:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 50% (rounded) of your annual appropriation of \$75,082,497 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010099400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$75,082,497
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$75,082,497
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$37,541,249

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

December 19, 2019

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2019-2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010067600**

Dear Dr. Haley:

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 50% (rounded) of your annual appropriation of \$89,617,251 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 2

State Fiscal Year 2019-2020 First Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$89,617,251
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$89,617,251
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	
Your First Scheduled Group 1 Tier 2 Payment [1] [2]	(C x 0.50) = (E)	\$44,808,626

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

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