

MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$2,000,143
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$666,714

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

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 2

State Fiscal Year 2019-2020 Third 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)	\$2,038,776
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$679,592

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



MARY C. MAYHEW SECRETARY

June 22, 2020

Heather Havericak Broward Health Medical Center 1600 S Andrews Ave Fort Lauderdale, FL 33316

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

Dear Ms. Havericak:

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% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$15,822,865
Your Scheduled Group 1 Tier 2 Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$5,274,288

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

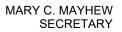
State Fiscal Year 2019-2020 Third Payment

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)	\$6,468,990
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$2,156,330

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



CONTRACT H CARE ADDING

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$7,709,060
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$2,569,687

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$1,487,030
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$495,676

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$207,371
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$69,123

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$1,292,369
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$430,790

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$396,876
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$132,292

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



MARY C. MAYHEW SECRETARY

June 22, 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 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$9,898,377
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$3,299,459

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

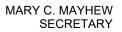
State Fiscal Year 2019-2020 Third Payment

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)	\$14,214,757
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$4,738,252

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



STATE OF FLORIDA

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$1,184,403
Your Scheduled Group 1 Tier 2 Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$394,801

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



MARY C. MAYHEW SECRETARY

June 22, 2020

Bill Duquette Homestead Hospital 975 Baptist Way Homestead, FL 33033

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

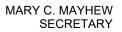
State Fiscal Year 2019-2020 Third Payment

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)	\$17,867,422
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$5,955,807

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





June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

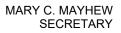
State Fiscal Year 2019-2020 Third Payment

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)	\$1,534,761
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$511,587

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



AND FEORE ADDRESS

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$81,572,265
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$27,190,755

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

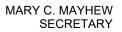
State Fiscal Year 2019-2020 Third Payment

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)	\$1,747,072
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$582,357

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



ATH CARE ACTING THE ATH CA

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$690,884
Your Scheduled Group 1 Tier 2 Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$230,295

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

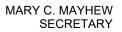
State Fiscal Year 2019-2020 Third Payment

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)	\$561,261
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$187,087

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





June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

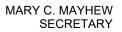
State Fiscal Year 2019-2020 Third Payment

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)	\$1,862,348
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$620,782

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





June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

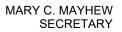
State Fiscal Year 2019-2020 Third Payment

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)	\$26,443,075
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$8,754,358

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



ANTH CARE ADDRESS OF THE OFFICE MODE

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$1,737,019
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$579,006

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$4,174,338
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$1,391,446

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$5,795,032
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$1,931,677

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$24,756,158
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$8,252,053

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$9,210,078
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$3,070,026

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



MARY C. MAYHEW SECRETARY

June 22, 2020

R Lawrence Moss, MD, FACS, FAAP Nemours Children's Hospital 6535 Nemours Pkwy Orlando, FL 32827

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$608,714
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$202,904

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

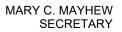
State Fiscal Year 2019-2020 Third Payment

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)	\$159,519
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$53,173

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



ATH CARE ADDING THE ATH CARE ADDING

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$2,121,497
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$707,166

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$10,619,976
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$3,539,992

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



MARY C. MAYHEW SECRETARY

June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

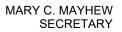
State Fiscal Year 2019-2020 Third Payment

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)	\$56,311,873
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$18,770,624

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





June 22, 2020

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

RE: State Fiscal Year 2019-2020 Third 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 100% (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



Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2019-2020 Third 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)	\$67,212,938
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(C - D) = (E)	\$22,404,313

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