



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 22, 2020

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$94,048,883 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 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010129000**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$94,048,883
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$94,048,883
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$70,536,662

[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

April 22, 2020

Lee B. Chaykin
Aventura Hospital and Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012037500**

Dear Mr. Chaykin:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$5,958,364 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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Sincerely,

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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 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **012037500**

Facility Name (current) : **Aventura Hospital and Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$5,958,364
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$5,958,364
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$4,468,773

[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

April 22, 2020

D. Bland Eng
Brandon Regional Hospital
119 Oakfield Dr.
Brandon, FL 33511

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011807900**

Dear Mr. Eng:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$5,743,137 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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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **011807900**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$5,743,137
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$5,743,137
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$4,307,353

[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.



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April 22, 2020

Alan List, MD
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Dr.
Tampa, FL 33612

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012032400**

Dear Dr. List:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$14,139,251 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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research Institute Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$14,139,251
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$14,139,251
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$10,604,438

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

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April 22, 2020

Adam Rudd
Largo Medical Center
201 14th St. SW
Largo, FL 33770

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011974100**

Dear Mr. Rudd:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$4,617,428 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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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **011974100**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$4,617,428
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$4,617,428
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$3,463,071

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April 22, 2020

Steven Sonenreich
Mount Sinai Medical Center
4300 Alton Rd.
Miami Beach, FL 33140

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$8,699,597 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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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010046300**

Facility Name (current) : **Mount Sinai Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$8,699,597
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$8,699,597
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$6,524,698

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

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April 22, 2020

Eric C. Lawson
North Florida Regional Medical Center
6500 Newberry Rd.
Gainesville, FL 32605

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010862600**

Dear Mr. Lawson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,618,289 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 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010862600**

Facility Name (current) : **North Florida Regional Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$1,618,289
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$1,618,289
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,213,717

[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
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MARY C. MAYHEW
SECRETARY

April 22, 2020

David Strong
Orlando Health Orlando Regional Medical Center
52 W Underwood St.
Orlando, FL 32806

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010133800**

Dear Mr. Strong:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$64,988,831 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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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 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010133800**

Facility Name (current) : **Orlando Health Orlando Regional Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$64,988,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$64,988,831
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$48,741,623

[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

April 22, 2020

Davide M. Carbone
Osceola Regional Medical Center
700 W Oak St.
Kissimmee, FL 34741

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010138900**

Dear Mr. Carbone:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,298,602 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010138900**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$1,298,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$1,298,602
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$973,952

[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

April 22, 2020

Stephen L. Demers
University of Miami Hospital and Clinics-Sylvester Comprehensive
1475 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010047100**

Dear Mr. Demers:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,249,833 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 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010047100**

Facility Name (current) : **University of Miami Hospital and Clinics-Sylvester Comprehensive**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$1,249,833
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$1,249,833
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(C x 0.75) = (E)	\$937,375

[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.