



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 9, 2020

Sharon Hayes
Bayfront Health St. Petersburg
701 6th St. S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution
Medicaid Number: 010156700**

Dear Ms. Hayes:

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 \$9,752,825 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 4

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health St. Petersburg**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$9,752,825
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 4 Payments	(A - B) = (C)	\$9,752,825
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 4 Payment [1] [2]	(C x 0.75) = (E)	\$7,314,619

[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
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March 9, 2020

Edward Jimenez
UF Health Shands Hospital
1600 SW Archer Rd.
Gainesville, FL 32608

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution
Medicaid Number: 010003000**

Dear Mr. Jimenez:

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 \$53,726,605 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 4

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$53,726,605
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 4 Payments	(A - B) = (C)	\$53,726,605
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 4 Payment [1] [2]	(C x 0.75) = (E)	\$40,294,954

[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

March 9, 2020

Henry Stovall
Ascension Sacred Heart Pensacola Medical Center
5151 N North 9th Avenue
Pensacola, FL 32504

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution
Medicaid Number: 010076500**

Dear Mr. Stovall:

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 \$23,729,108 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 4

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010076500**

Facility Name (current) : **Ascension Sacred Heart Pensacola Medical Center**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$23,729,108
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 4 Payments	(A - B) = (C)	\$23,729,108
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 4 Payment [1] [2]	(C x 0.75) = (E)	\$17,796,831

[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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SECRETARY

March 9, 2020

Cynthia McCauley
St. Mary's Medical Center
901 45th St.
West Palm Beach, FL 33407

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution
Medicaid Number: 010148600**

Dear Ms. McCauley:

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 \$4,897,801 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010148600**

Facility Name (current) : **St. Mary's Medical Center**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$4,897,801
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 4 Payments	(A - B) = (C)	\$4,897,801
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 4 Payment [1] [2]	(C x 0.75) = (E)	\$3,673,351

[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.