



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Mia L. Jones, MBA
Agape Community Health Center
12595 Southwest 137th Avenue
Miami, Florida 33186-4222

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 017234400**

Dear Ms. Jones:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **017234400**

Facility Name (current) : **Agape Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$166,984
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$166,984
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$126,947
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$40,037

[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 2, 2020

Laura Spencer
Azalea Health
1302 River St.
Patlatka, Florida 32177

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029543400**

Dear Ms. Spencer:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029543400**

Facility Name (current) : **Azalea Health**

Original annual Group 3 distribution to your facility	(A)	\$989,113
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$989,113
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$751,955
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$237,158

[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 2, 2020

Tleana Ruiz-Garcia
Banyan Community Health Clinic
3733 West Flagler Street
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 013881900**

Dear Ms. Ruiz-Garcia:

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

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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **013881900**

Facility Name (current) : **Banyan Community Health Clinic**

Original annual Group 3 distribution to your facility	(A)	\$339,769
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$339,769
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$258,303
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$81,466

[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 2, 2020

Temple O. Robinson, MD
Bond Community Health Clinic
2650 Municipal Way
Tallahassee, Florida 32304-3804

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060551401**

Dear Dr. Robinson:

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.

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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **060551401**

Facility Name (current) : **Bond Community Health Clinic**

Original annual Group 3 distribution to your facility	(A)	\$270,454
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$270,454
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$205,607
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$64,847

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[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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April 2, 2020

Paul Velez
Borinquen Health Care Center
3601 Federal Highway
Miami, Florida 33137-3795

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029554000**

Dear Mr. Velez:

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.

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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029554000**

Facility Name (current) : **Borinquen Health Care Center**

Original annual Group 3 distribution to your facility	(A)	\$1,949,801
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,949,801
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,482,299
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$467,502

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RON DESANTIS
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SECRETARY

April 2, 2020

Lisa Gurri
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688693100**

Dear Ms. Gurri:

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.

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **688693100**

Facility Name (current) : **Brevard Health Alliance**

Original annual Group 3 distribution to your facility	(A)	\$1,523,191
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,523,191
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,157,977
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$365,214

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



RON DESANTIS
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April 2, 2020

Rosalyn Frazier
Broward Community & Family Health
5010 - 5012 Hollywood Boulevard
Hollywood, Florida 33021-6557

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680027100**

Dear Ms. Frazier:

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.

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Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **680027100**

Facility Name (current) : **Broward Community & Family Health**

Original annual Group 3 distribution to your facility	(A)	\$320,013
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$320,013
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$243,284
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$76,729

[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 2, 2020

Christopher F. Irizarry, MPA
C.L. Brumbach Palm Beach
1250 Southwinds Drive
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 008037100**

Dear Mr. Irizarry:

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.

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Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **008037100**

Facility Name (current) : **C.L. Brumback Palm Beach**

Original annual Group 3 distribution to your facility	(A)	\$2,384,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$2,384,049
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,812,428
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$571,621

[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 2, 2020

Francis Afram-Gyening
Camillus Health Concern, Inc.
336 Northwest 5th Street
Miami, Florida 33128-0000

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **680002500**

Facility Name (current) : **Camillus Health Concern, Inc.**

Original annual Group 3 distribution to your facility	(A)	\$536,613
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$536,613
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$407,950
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$128,663

[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 2, 2020

Rick Siclari
Care Resource
871 West Oakland Park Boulevard
Wilton Manors, Florida 33311-1731

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 003407900**

Dear Mr. Siclari:

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.

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Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **003407900**

Facility Name (current) : **Care Resource**

Original annual Group 3 distribution to your facility	(A)	\$1,255,009
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,255,009
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$954,097
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$300,912

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

T. Delores Dunn, MS
Center For Families & Child Enrichment
1825 Northwest 167th Street
Miami Gardens, Florida 33056-4838

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010930500**

Dear Ms. Dunn:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010930500**

Facility Name (current) : **Center For Families & Child Enrichment**

Original annual Group 3 distribution to your facility	(A)	\$166,961
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$166,961
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$126,929
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$40,032

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Melissa Parker
CenterPlace Health, Inc.
2200 Ringling Blvd
Sarasota, FL 34237

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 025148200**

Dear Ms. Parker:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **025148200**

Facility Name (current) : **CenterPlace Health, Inc.**

Original annual Group 3 distribution to your facility	(A)	\$463,340
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$463,340
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$352,246
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$111,094

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Latrice N. Stewart, MBA, CMP
Central Florida Family Health Centers
4930 East Lake Mary Boulevard
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029551500**

Dear Ms. Stewart:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029551500**

Facility Name (current) : **Central Florida Family Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$1,010,500
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,010,500
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$768,214
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$242,286

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

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Joy Johnson
Central Florida Health Care - Frostproof
109 West Wall Street
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029549300**

Dear Ms. Johnson:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029549300**

Facility Name (current) : **Central Florida Health Care - Frostproof**

Original annual Group 3 distribution to your facility	(A)	\$1,126,616
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,126,616
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$856,488
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$270,128

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Mario Jardon
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688571300**

Dear Mr. Jardon:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network**

Original annual Group 3 distribution to your facility	(A)	\$932,813
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$932,813
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$709,154
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$223,659

[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 2, 2020

Mike Ellis
Collier Health Services, Inc.
1454 Madison Avenue West
Immokalee, Florida 34142-2200

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029152803**

Dear Mr. Ellis:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029152803**

Facility Name (current) : **Collier Health Services, Inc.**

Original annual Group 3 distribution to your facility	(A)	\$1,378,436
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,378,436
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,047,929
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$330,507

[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 2, 2020

Brodes H. Hartley, Jr.
Community Health Center South Florida
10300 Southwest 216th Street
Miami, Florida 33190-0000

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029572800**

Dear Mr. Hartley:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029572800**

Facility Name (current) : **Community Health Center South Florida**

Original annual Group 3 distribution to your facility	(A)	\$4,108,708
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$4,108,708
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$3,123,567
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$985,141

[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 2, 2020

Margrette Brennan
Community Health Centers
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029545100**

Dear Ms. Brennan:

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 a portion of your annual appropriation for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029545100**

Facility Name (current) : **Community Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$1,782,535
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,782,535
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,355,138
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$427,397

[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 2, 2020

Elodie Dorso
Community Health Centers Pinellas
1344 22nd Street South
Saint Petersburg, Florida 33712-2744

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029565500**

Dear Ms. Dorson:

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 a portion of your annual appropriation for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029565500**

Facility Name (current) : **Community Health Centers Pinellas**

Original annual Group 3 distribution to your facility	(A)	\$1,010,241
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,010,241
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$768,017
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$242,224

[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 2, 2020

Belita Wyatt
Empower-U
7900 Northwest 27th Avenue
Miami, Florida 33147-4909

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010739700**

Dear Ms. Wyatt:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010739700**

Facility Name (current) : **Empower-U**

Original annual Group 3 distribution to your facility	(A)	\$78,446
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$78,446
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$59,637
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$18,809

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Chandra Smiley
Escambia Community Clinics
14 West Jordan Street
Pensacola, Florida 32501-1736

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 692990700**

Dear Ms. Smiley:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **692990700**

Facility Name (current) : **Escambia Community Clinics**

Original annual Group 3 distribution to your facility	(A)	\$760,083
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$760,083
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$577,838
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$182,245

[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 2, 2020

Dr. Frank Mazzeo Jr.
Family Health Center of SW Florida
2232 Grand Avenue
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029570100**

Facility Name (current) : **Family Health Center of SW Florida**

Original annual Group 3 distribution to your facility	(A)	\$914,250
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$914,250
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$695,041
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$219,209

[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 2, 2020

Laurie Asbury
Family Health Source - Pierson
216 North Frederick Street
Pierson, Florida 32180-0000

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687955100**

Dear Ms. Asbury:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **687955100**

Facility Name (current) : **Family Health Source - Pierson**

Original annual Group 3 distribution to your facility	(A)	\$144,266
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$144,266
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$109,676
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$34,590

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Wihelmina Lewis, MD
Florida Community Health Centers
1871 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7567

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 684660200**

Dear Dr. Lewis:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **684660200**

Facility Name (current) : **Florida Community Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$890,996
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$890,996
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$677,363
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$213,633

[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 2, 2020

Yolette Bonnet
Foundcare
2330 South Congress Avenue
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001182600**

Dear Ms. Bonnet:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **001182600**

Facility Name (current) : **Foundcare**

Original annual Group 3 distribution to your facility	(A)	\$1,710,502
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,710,502
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,300,376
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$410,126

[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 2, 2020

DeAnna Warren
Genesis
2815 South Seacrest Boulevard
Palm Beach, Florida 33435-7934

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006608600**

Dear Ms. Warren:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **006608600**

Facility Name (current) : **Genesis**

Original annual Group 3 distribution to your facility	(A)	\$126,273
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$126,273
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$95,997
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$30,276

[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 2, 2020

John Goodrich
Health Care for The Homeless
232 North Orange Blossom Trail
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687429100**

Dear Mr. Goodrich:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **687429100**

Facility Name (current) : **Health Care for The Homeless**

Original annual Group 3 distribution to your facility	(A)	\$866,304
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$866,304
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$658,592
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$207,712

[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 2, 2020

Jamie Ulmer
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001718300**

Dear Mr. Ulmer:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **001718300**

Facility Name (current) : **Heart of Florida Health Center**

Original annual Group 3 distribution to your facility	(A)	\$512,776
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$512,776
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$389,828
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$122,948

[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 2, 2020

Annie Neasman, MS, RN
Jessie Trice Community Health Center
901 East 10th Avenue
Hialeah, Florida 33010-3762

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029540000**

Dear Ms. Neasman:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029540000**

Facility Name (current) : **Jessie Trice Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$2,067,860
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$2,067,860
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,572,051
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$495,809

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 2, 2020

Joseph Hanratty
Langley Health Services
1425 S. US Highway 301
Sumterville, FL 33585

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029547700**

Dear Mr. Hanratty:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029547700**

Facility Name (current) : **Langley Health Services**

Original annual Group 3 distribution to your facility	(A)	\$413,874
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$413,874
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$314,640
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$99,234

[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 2, 2020

Robert Johns
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, Florida 33903-4818

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 014789100**

Dear Mr. Johns:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **014789100**

Facility Name (current) : **Lee Community Healthcare**

Original annual Group 3 distribution to your facility	(A)	\$218,756
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$218,756
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$166,306
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$52,450

[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 2, 2020

Walter L. Presha
Manatee County Rural Health Services
12271 US Highway 301 North
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029561200**

Dear Mr. Presha:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029561200**

Facility Name (current) : **Manatee County Rural Health Services**

Original annual Group 3 distribution to your facility	(A)	\$2,389,604
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$2,389,604
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,816,652
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$572,952

[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 2, 2020

Mark L. Rabinowitz
Miami Beach Community Health Center
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029544200**

Dear Mr. Rabinowitz:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029544200**

Facility Name (current) : **Miami Beach Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$1,633,056
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,633,056
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,241,500
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$391,556

[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 2, 2020

Jeanne Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 262263700**

Dear Ms. Freeman:

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 a portion of your annual appropriation for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **262263700**

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

Original annual Group 3 distribution to your facility	(A)	\$369,432
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$369,432
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$280,854
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$88,578

[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 2, 2020

Amie Johns
New River - Union County Health Department
495 East Main Street
Lake Butler, Florida 32054-1731

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010946400**

Dear Ms. Johns:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010946400**

Facility Name (current) : **New River - Union County Health Department**

Original annual Group 3 distribution to your facility	(A)	\$115,978
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$115,978
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$88,170
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$27,808

[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 2, 2020

Lane Lunn
North Florida Medical Center
255 West River Road
Wewahitchka, Florida 32465-4533

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029568000**

Dear Ms. Lunn:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029568000**

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

Original annual Group 3 distribution to your facility	(A)	\$390,018
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$390,018
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$296,504
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$93,514

[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 2, 2020

Edward Mesco
North Broward Hospital District
1608 Southeast 3rd Avenue
Fort Lauderdale, Florida 33316

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060075002**

Dear Mr. Mesco:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **060075002**

Facility Name (current) : **North Broward Hospital District**

Original annual Group 3 distribution to your facility	(A)	\$721,395
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$721,395
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$420,876
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$140,292

[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 2, 2020

Belinda Johnson-Cornett
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, Florida 24759

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **020530900**

Facility Name (current) : **Osceola Community Health Services**

Original annual Group 3 distribution to your facility	(A)	\$948,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$948,754
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$721,273
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$227,481

[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 2, 2020

Anita Riels
Palms Medical Group
911 South Main Street
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029506000**

Dear Ms. Riels:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029506000**

Facility Name (current) : **Palms Medical Group**

Original annual Group 3 distribution to your facility	(A)	\$798,337
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$798,337
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$606,920
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$191,417

[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 2, 2020

R. Michael Hill
PanCare Health Center
2309 East 15th Street
Panama City, Florida 32405-6345

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 689693600**

Dear Mr. Hill:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **689693600**

Facility Name (current) : **PanCare Health Center**

Original annual Group 3 distribution to your facility	(A)	\$668,833
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$668,833
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$508,468
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$160,365

[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 2, 2020

Daisy Rodriguez
Pinellas County Health and Community Services
647 1st Avenue North
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688412100**

Dear Ms. Rodriguez:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **688412100**

Facility Name (current) : **Pinellas County Health and Community Services**

Original annual Group 3 distribution to your facility	(A)	\$432,591
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$432,591
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$328,869
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$103,722

[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 2, 2020

Joseph D. Resnick, MHA, FACHE
Premier HealthCare Group
14027 5th Street
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029550700**

Dear Mr. Resnick:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029550700**

Facility Name (current) : **Premier HealthCare Group**

Original annual Group 3 distribution to your facility	(A)	\$1,325,316
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,325,316
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,007,546
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$317,770

[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 2, 2020

Rochelle Pearson
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard
Key West, Florida 33040-4566

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006558500**

Dear Ms. Pearson:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **006558500**

Facility Name (current) : **Rural Health Network of Monroe County**

Original annual Group 3 distribution to your facility	(A)	\$60,714
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$60,714
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$46,157
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$14,557

[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 2, 2020

Cindy Funkhouser
Sulzbacher Ctr. for the Homeless
611 East Adams Street
Jacksonville, Florida 32202-2847

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 686032000**

Dear Ms. Funkhouser:

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.

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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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **686032000**

Facility Name (current) : **Sulzbacher Ctr. for the Homeless**

Original annual Group 3 distribution to your facility	(A)	\$512,662
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$512,662
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$389,741
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$122,921

[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 2, 2020

Brad Herremans
Suncoast Health Community Center
2814 14th Ave SE
Ruskin, Florida 33750-5471

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029557400**

Dear Mr. Herremans:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029557400**

Facility Name (current) : **Suncoast Health Community Center**

Original annual Group 3 distribution to your facility	(A)	\$1,917,059
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$1,917,059
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,457,408
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$459,651

[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 2, 2020

Sherry Hoback
Tampa Family Health Center
3901 South West Shor Boulevard
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029548500**

Dear Ms. Hoback:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **029548500**

Facility Name (current) : **Tampa Family Health Center**

Original annual Group 3 distribution to your facility	(A)	\$2,583,389
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$2,583,389
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$1,963,973
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$619,416

[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 2, 2020

Vicki Soule, MBA, MS (FACHE)
Treasure Coast
12196 County Road 512
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680005000**

Dear Ms. Soule:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **680005000**

Facility Name (current) : **Treasure Coast**

Original annual Group 3 distribution to your facility	(A)	\$491,027
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$491,027
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$373,295
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$117,732

[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 2, 2020

Holly Holt
Walton County Health Department
1338 South Boulevard
Chipley, Florida 32428-0000

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027976500**

Dear Ms. Holt:

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 a portion of your annual appropriation 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 3

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **027976500**

Facility Name (current) : **Walton County Health Department**

Original annual Group 3 distribution to your facility	(A)	\$168,599
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A - B) = (C)	\$168,599
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$158,618
Your Scheduled Group 3 Payment [1] [2]	(C - D) = (E)	\$9,981

[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.