



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$201,498 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 Third Payment

Medicaid Number : **017234400**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$201,498       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$201,498       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$166,984       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$34,514</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,193,554 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 Third Payment

Medicaid Number : **029543400**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,193,554      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,193,554      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$989,113        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$204,441</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$409,996 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 3

State Fiscal Year 2019 - 2020 Third Payment

Medicaid Number : **013881900**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$409,996       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$409,996       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$339,769       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$70,227</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$326,354 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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Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Third Payment

Medicaid Number : **060551401**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$326,354       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$326,354       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$270,454       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$55,900</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,352,807 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Third Payment

Medicaid Number : **029554000**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,352,807      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,352,807      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,949,801      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$403,006</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,838,020 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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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 Third Payment

Medicaid Number : **688693100**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,838,020      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,838,020      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,523,191      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$314,829</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$386,157 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 3

State Fiscal Year 2019 - 2020 Third Payment

Medicaid Number : **680027100**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$386,157       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$386,157       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$320,013       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$66,144</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,876,810 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 Third Payment

Medicaid Number : **008037100**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,876,810      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,876,810      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$2,384,049      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$492,761</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$647,526 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 Third Payment

Medicaid Number : **680002500**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$647,526        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$647,526        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$536,613        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$110,913</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,514,408 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 Third Payment

Medicaid Number : **003407900**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,514,408      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,514,408      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,255,009      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$259,399</b> |

[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

May 7, 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  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$201,471 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 Third Payment

Medicaid Number : **010930500**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$201,471       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$201,471       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$166,961       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$34,510</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$559,109 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

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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 Third Payment

Medicaid Number : **025148200**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$559,109       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$559,109       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$463,340       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$95,769</b> |

[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

May 7, 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  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,219,361 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

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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 Third Payment

Medicaid Number : **029551500**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,219,361      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,219,361      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,010,500      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$208,861</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,359,477 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 Third Payment

Medicaid Number : **029549300**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,359,477      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,359,477      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,126,616      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$232,861</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,125,617 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 Third Payment

Medicaid Number : **688571300**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,125,617      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,125,617      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$932,813        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$192,804</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$1,663,346 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 Third Payment

Medicaid Number : **029152803**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,663,346      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,663,346      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,378,436      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$284,910</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$4,957,941 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 Third Payment

Medicaid Number : **029572800**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$4,957,941      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$4,957,941      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$4,108,708      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$849,233</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$2,150,968 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 Third Payment

Medicaid Number : **029545100**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,150,968      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,150,968      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,782,535      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$368,433</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$1,219,048 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 Third Payment

Medicaid Number : **029565500**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,219,048      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,219,048      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,010,241      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$208,807</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$94,660 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 Third Payment

Medicaid Number : **010739700**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$94,660        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$94,660        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$78,446        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$16,214</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$917,185 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 Third Payment

Medicaid Number : **692990700**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$917,185        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$917,185        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$760,083        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$157,102</b> |

[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

May 7, 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  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,103,217 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 Third Payment

Medicaid Number : **029570100**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,103,217      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,103,217      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$914,250        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$188,967</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$174,085 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 Third Payment

Medicaid Number : **687955100**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$174,085       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$174,085       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$144,266       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$29,819</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,075,157 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 Third Payment

Medicaid Number : **684660200**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,075,157      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,075,157      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$890,996        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$184,161</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,064,047 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 Third Payment

Medicaid Number : **001182600**

Facility Name (current) : **Foundcare**

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,064,047      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,064,047      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,710,502      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$353,545</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$152,373 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 Third Payment

Medicaid Number : **006608600**

Facility Name (current) : **Genesis**

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$152,373       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$152,373       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$126,273       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$26,100</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,045,362 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 Third Payment

Medicaid Number : **687429100**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,045,362      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,045,362      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$866,304        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$179,058</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$618,762 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 Third Payment

Medicaid Number : **001718300**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$618,762        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$618,762        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$512,776        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$105,986</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,495,268 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 Third Payment

Medicaid Number : **029540000**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,495,268      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,495,268      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$2,067,860      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$427,408</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$499,418 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 Third Payment

Medicaid Number : **029547700**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$499,418       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$499,418       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$413,874       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$85,544</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$263,971 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 Third Payment

Medicaid Number : **014789100**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$263,971       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$263,971       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$218,756       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$45,215</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,883,514 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 Third Payment

Medicaid Number : **029561200**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,883,514      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,883,514      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$2,389,604      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$493,910</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,970,594 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 Third Payment

Medicaid Number : **029544200**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,970,594      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,970,594      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,633,056      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$337,538</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$445,791 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 Third Payment

Medicaid Number : **262263700**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$445,791       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$445,791       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$369,432       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$76,359</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$139,949 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 Third Payment

Medicaid Number : **010946400**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$139,949       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$139,949       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$115,978       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$23,971</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$470,632 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 Third Payment

Medicaid Number : **029568000**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$470,632       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$470,632       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$390,018       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$80,614</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$870,501 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 Third Payment

Medicaid Number : **060075002**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$870,501        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$870,501        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$561,168        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$309,333</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,144,853 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 Third Payment

Medicaid Number : **020530900**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,144,853      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,144,853      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$948,754        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$196,099</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$963,346 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 Third Payment

Medicaid Number : **029506000**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$963,346        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$963,346        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$798,337        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$165,009</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$807,075 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 Third Payment

Medicaid Number : **689693600**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$807,075        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$807,075        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$668,833        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$138,242</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$522,004 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 Third Payment

Medicaid Number : **688412100**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$522,004       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$522,004       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$432,591       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$89,413</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,599,247 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 Third Payment

Medicaid Number : **029550700**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$1,599,247      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$1,599,247      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,325,316      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$273,931</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$73,264 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 Third Payment

Medicaid Number : **006558500**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$73,264        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$73,264        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$60,714        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$12,550</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$618,624 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 Third Payment

Medicaid Number : **686032000**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$618,624        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$618,624        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$512,662        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$105,962</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$2,313,298 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 Third Payment

Medicaid Number : **029557400**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$2,313,298      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$2,313,298      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$1,917,059      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$396,239</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$3,117,353 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 Third Payment

Medicaid Number : **029548500**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$3,117,353      |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$3,117,353      |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$2,583,389      |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$533,964</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$592,518 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 Third Payment

Medicaid Number : **680005000**

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

|   |               |                  |
|---|---------------|------------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$592,518        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$592,518        |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$491,027        |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$101,491</b> |

[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

May 7, 2020

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

**RE: State Fiscal Year 2019 - 2020  
Third 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 100% of your annual appropriation of \$203,446 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 Third Payment

Medicaid Number : **027976500**

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

|   |               |                 |
|---|---------------|-----------------|
| Original annual Group 3 distribution to your facility                         | (A)           | \$203,446       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's original annual Group 3 payments</b>              | (A - B) = (C) | \$203,446       |
| Total of your Group 3 Payments previously paid in this fiscal year            | (D)           | \$168,599       |
| <b>Your Scheduled Group 3 Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$34,847</b> |

[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.