



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Erika Skula
AdventHealth Carrollwood
7171 N Dale Mabry Hwy
Tampa, FL 33614

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010094300**

Dear Ms. Skula:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$639,186 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010094300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$639,186
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$639,186
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$639,186

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Lorenzo Brown
AdventHealth DeLand
701 W Plymouth Ave
Deland, FL 32720

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010187700**

Dear Mr. Brown:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$492,295 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010187700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$492,295
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$492,295
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$492,295

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Robert Deininger
AdventHealth Fish Memorial
1055 Saxon Blvd
Orange City, FL 32763

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010182600**

Dear Mr. Deininger:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$436,802 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010182600**

Facility Name (current) : **AdventHealth Fish Memorial**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$436,802
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$436,802
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$436,802

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Jason Dunkel
AdventHealth North Pinellas
1395 S Pinellas Ave
Tarpon Springs, FL 34689

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010161300**

Dear Mr. Dunkel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$325,793 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010161300**

Facility Name (current) : **AdventHealth North Pinellas**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$325,793
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$325,793
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$325,793

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Denyse Bales-Chubb
AdventHealth Tampa
3100 E Fletcher Ave
Tampa, FL 33613

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,795,276 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010102800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,795,276
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,795,276
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,795,276

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Abel B. Biri
AdventHealth Waterman
1000 Waterman Way
Tavares, FL 32778

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010109500**

Dear Mr. Biri:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$809,183 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010109500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$809,183
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$809,183
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$809,183

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



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SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Amanda Maggard
AdventHealth Zephyrhills
7050 Gall Blvd
Zephyrhills, FL 33541

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010149400**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$535,769 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010149400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$535,769
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$535,769
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$535,769

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Ed Huble
Baptist Medical Center - Nassau
1250 S 18th St.
Fernandina Beach, FL 32034

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010123100**

Dear Mr. Huble:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$319,410 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010123100**

Facility Name (current) : **Baptist Medical Center - Nassau**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$319,410
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$319,410
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$319,410

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Karen Kerr
Bartow Regional Medical Center
2200 Osprey Blvd
Bartow, FL 33830

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 012041300**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$442,508 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012041300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$442,508
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$442,508
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$442,508

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Brett Esrock
Cape Canaveral Hospital
701 W Cocoa Beach Cswy
Cocoa Beach, FL 32931

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010009900**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$741,562 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010009900**

Facility Name (current) : **Cape Canaveral Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$741,562
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$741,562
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$741,562

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Michael Bell
Hialeah Hospital
651 E 25th St.
Hialeah, FL 33013

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010041200**

Dear Mr. Bell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$561,676 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010041200**

Facility Name (current) : **Hialeah Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$561,676
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$561,676
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$561,676

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Brett Esrock
Holmes Regional Medical Center
1350 S Hickory St.
Melbourne, FL 32901

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010008100**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,805,946 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010008100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,805,946
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,805,946
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,805,946

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

J. Gregory Rosencrance, MD
Cleveland Clinic Indian River Hospital
1000 36th St.
Vero Beach, FL 32960

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010104400**

Dear Dr. Rosencrance:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,138,193 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010104400**

Facility Name (current) : **Cleveland Clinic Indian River Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,138,193
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,138,193
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,138,193

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Michael T. Hutchins
Jay Hospital
14114 Alabama St.
Jay, FL 32565

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010173700**

Dear Mr. Hutchins:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$62,939 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010173700**

Facility Name (current) : **Jay Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$62,939
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$62,939
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$62,939

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Rebecca T. Brewer
Lake Wales Medical Center
410 S 11th St.
Lake Wales, FL 33853

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010166400**

Dear Ms. Brewer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$176,468 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010166400**

Facility Name (current) : **Lake Wales Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$176,468
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$176,468
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$176,468

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Donald G. Henderson
Leesburg Regional Medical Center
600 E Dixie Ave
Leesburg, FL 34748

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010107900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$619,182 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010107900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$619,182
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$619,182
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$619,182

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Kevin DiLallo
Manatee Memorial Hospital
206 2nd St E
Bradenton, FL 34208

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,617,156 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010116800**

Facility Name (current) : **Manatee Memorial Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,617,156
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,617,156
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,617,156

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Richard L. Freeburg
Mariners Hospital
91500 Overseas Hwy
Tavernier, FL 33070

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010121400**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$250,035 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010121400**

Facility Name (current) : **Mariners Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$250,035
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$250,035
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$250,035

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Glenn Davenport Waters
Mease Dunedin Hospital
601 Main St.
Dunedin, FL 34698

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010154100**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$535,840 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010154100**

Facility Name (current) : **Mease Dunedin Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$535,840
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$535,840
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$535,840

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Glenn Davenport Waters
Morton Plant Hospital
300 Pinellas St.
Clearwater, FL 33756

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010158300**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,442,711 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010158300**

Facility Name (current) : **Morton Plant Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,442,711
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,442,711
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,442,711

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Paul Hiltz
Naples Community Hospital
350 7th St. N
Naples, FL 34102

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010031500**

Dear Mr. Hiltz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,788,653 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010031500**

Facility Name (current) : **Naples Community Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,788,653
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,788,653
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,788,653

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Valerie Powell-Stafford
Northside Hospital
6000 49th St. N
Saint Petersburg, FL 33709

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 011519300**

Dear Ms. Powell-Stafford:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$511,721 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011519300**

Facility Name (current) : **Northside Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$511,721
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$511,721
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$511,721

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Brett Esrock
Palm Bay Hospital
1425 Malabar Rd. NE
Palm Bay, FL 32907

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 003297500**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$925,594 for state fiscal year 2020 - 2021. 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", is written over a white background.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **003297500**

Facility Name (current) : **Palm Bay Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$925,594
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$925,594
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$925,594

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Roger L. Hall
Sacred Heart Hospital on The Emerald Coast
7800 US Hwy 98 W
Miramar Beach, FL 32550

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010323300**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$546,631 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010323300**

Facility Name (current) : **Sacred Heart Hospital on The Emerald Coast**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$546,631
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$546,631
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$546,631

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Roger L. Hall
Sacred Heart Hospital on The Gulf
3801 E Hwy 98
Port Saint Joe, FL 32456

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 002012700**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$158,793 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **002012700**

Facility Name (current) : **Sacred Heart Hospital on The Gulf**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$158,793
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$158,793
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$158,793

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Glenn Davenport Waters
South Florida Baptist Hospital
301 N Alexander St.
Plant City, FL 33563

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010098600**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,058,584 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010098600**

Facility Name (current) : **South Florida Baptist Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,058,584
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,058,584
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,058,584

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Glenn Davenport Waters
St. Anthony's Hospital
1200 Seventh Ave N
Saint Petersburg, FL 33705

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 012022700**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,157,015 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012022700**

Facility Name (current) : **St. Antonys Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,157,015
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,157,015
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,157,015

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Glenn Davenport Waters
St. Josephs Hospital
3001 W Martin Luther King Jr Blvd
Tampa, FL 33607

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010097802**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$5,898,374 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010097802**

Facility Name (current) : **St. Josephs Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$5,898,374
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$5,898,374
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$5,898,374

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Sonia I. Wellman
Tampa Community Hospital- A Campus of Memorial Hospital Of Tampa
6001 Webb Rd.
Tampa, FL 33615

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 011984900**

Dear Ms. Wellman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$217,306 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011984900**

Facility Name (current) : **Tampa Community Hospital- A Campus of Memorial Hospital Of Tampa**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$217,306
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$217,306
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$217,306

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Glenn Davenport Waters
Winter Haven Hospital
200 Ave F NE
Winter Haven, FL 33881

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010169900**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,587,698 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,587,698
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,587,698
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,587,698

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