



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012040500**

Dear Mr. Smith:

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% (rounded) of your annual appropriation of \$2,336,184 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,336,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,336,184
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,336,184

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010821900**

Dear Mr. Gross:

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% (rounded) of your annual appropriation of \$2,210,114 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,210,114
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,210,114
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,210,114

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010012900**

Dear Ms. Havericak:

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% (rounded) of your annual appropriation of \$19,564,626 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$19,564,626
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$19,564,626
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$19,564,626

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

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



RON DESANTIS
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SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010021800**

Dear Ms. Taylor:

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% (rounded) of your annual appropriation of \$6,347,416 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$6,347,416
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$6,347,416
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$6,347,416

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

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Scott Kashman
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, FL 33990

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011971700**

Dear Mr. Kashman:

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% (rounded) of your annual appropriation of \$10,718,942 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011971700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$10,718,942
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$10,718,942
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$10,718,942

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Vincent Sica
De Soto Memorial Hospital
900 N Robert Ave
Arcadia, FL 34266

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010192300**

Dear Mr. Sica:

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% (rounded) of your annual appropriation of \$2,064,447 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010192300**

Facility Name (current) : **De Soto Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,064,447
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,064,447
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,064,447

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Jo Ann M. Baker
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010103600**

Dear Ms. Baker:

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% (rounded) of your annual appropriation of \$263,670 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010103600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$263,670
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$263,670
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$263,670

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Dennis R. Markos
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010004800**

Dear Mr. Markos:

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% (rounded) of your annual appropriation of \$2,113,179 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,113,179
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,113,179
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,113,179

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

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

David Walker
George E. Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010080300**

Dear Mr. Walker:

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% (rounded) of your annual appropriation of \$486,682 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E. Weems Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$486,682
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$486,682
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$486,682

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

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Lawrence R. Antonucci
Gulf Coast Medical Center Lee Memorial Health System
13681 Doctors Way
Fort Myers, FL 33912

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011134100**

Dear Mr. Antonucci:

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% (rounded) of your annual appropriation of \$14,785,606 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011134100**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial Health System**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,785,606
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$14,785,606
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$14,785,606

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

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010184200**

Dear Mr. Feasel:

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% (rounded) of your annual appropriation of \$23,981,923 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010184200**

Facility Name (current) : **Halifax Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$23,981,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$23,981,923
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$23,981,923

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Raymond D. Williams
Hendry Regional Medical Center
524 W Sagamore Ave
Clewiston, FL 33440

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010086200**

Dear Mr. Williams:

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% (rounded) of your annual appropriation of \$1,627,098 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010086200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,627,098
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,627,098
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,627,098

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

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010226100**

Dear Mr. Duquette:

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% (rounded) of your annual appropriation of \$27,360,282 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010226100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$27,360,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$27,360,282
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$27,360,282

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Carrol James Platt
Jackson Hospital
4250 Hospital Dr.
Marianna, FL 32446

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010106100**

Dear Mr. Platt:

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% (rounded) of your annual appropriation of \$2,442,035 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,

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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010106100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,442,035
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,442,035
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,442,035

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010042100**

Dear Mr. Migoya:

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% (rounded) of your annual appropriation of \$115,040,491 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010042100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$115,040,491
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$115,040,491
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$115,040,491

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010151600**

Dear Mr. Kmetz:

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% (rounded) of your annual appropriation of \$3,631,288 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010151600**

Facility Name (current) : **Johns Hopkins All Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,631,288
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,631,288
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,631,288

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Paula Webb
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010822700**

Dear Ms. Webb:

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% (rounded) of your annual appropriation of \$921,861 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010822700**

Facility Name (current) : **Lake Butler Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$921,861
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$921,861
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$921,861

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010144300**

Dear Ms. Davis:

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% (rounded) of your annual appropriation of \$1,006,355 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010144300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,006,355
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,006,355
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,006,355

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Sandra Sosa-Guerrero
Larkin Community Hospital
7031 SW 62nd Ave
South Miami, FL 33143

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

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% (rounded) of your annual appropriation of \$3,846,581 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012005700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,846,581
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,846,581
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,846,581

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010110900**

Dear Mr. Antonucci:

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% (rounded) of your annual appropriation of \$38,188,077 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010110900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$38,188,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$38,188,077
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$38,188,077

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

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% (rounded) of your annual appropriation of \$1,995,521 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010345400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,995,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,995,521
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,995,521

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010222900**

Dear Mr. Doyle:

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% (rounded) of your annual appropriation of \$5,710,733 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010222900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$5,710,733
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$5,710,733
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$5,710,733

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010252100**

Dear Ms. Carpenter:

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% (rounded) of your annual appropriation of \$9,239,555 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010252100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$9,239,555
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$9,239,555
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$9,239,555

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010020000**

Dear Mr. Ross:

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% (rounded) of your annual appropriation of \$34,572,478 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010020000**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$34,572,478
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$34,572,478
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$34,572,478

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Glenn Davenport Waters
Morton Plant North Bay Hospital
6600 Madison St.
New Port Richey, FL 34652

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010150800**

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% (rounded) of your annual appropriation of \$14,539,632 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010150800**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,539,632
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$14,539,632
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$14,539,632

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

R Lawrence Moss, MD, FACS, FAAP
Nemours Children's Hospital
6535 Nemours Pkwy
Orlando, FL 32827

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 004087600**

Dear Dr. Moss:

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% (rounded) of your annual appropriation of \$1,865,302 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **004087600**

Facility Name (current) : **Nemours Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,865,302
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,865,302
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,865,302

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Mathew Love
Nicklaus Children's Hospital
3100 SW 62nd Ave
Miami, FL 33155

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010060900**

Dear Mr. Love:

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% (rounded) of your annual appropriation of \$124,903 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010060900**

Facility Name (current) : **Nicklaus Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$124,903
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$124,903
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$124,903

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

George Mikitarian
Parrish Medical Center
951 N Washington Ave
Titusville, FL 32796

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

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% (rounded) of your annual appropriation of \$3,956,153 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010010200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,956,153
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,956,153
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,956,153

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010176100**

Dear Mr. Verinder:

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% (rounded) of your annual appropriation of \$16,660,776 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010176100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$16,660,776
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$16,660,776
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$16,660,776

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

John Couris
Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010099400**

Dear Mr. Couris:

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% (rounded) of your annual appropriation of \$79,591,100 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010099400**

Facility Name (current) : **Tampa General Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$79,591,100
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$79,591,100
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$79,591,100

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010067600**

Dear Dr. Haley:

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% (rounded) of your annual appropriation of \$89,676,552 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$89,676,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$89,676,552
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$89,676,552

[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

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Adrian Hugh Greene
Wolfson Children's Hospital
800 Prudential Dr.
Jacksonville, FL 32207

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010064106**

Dear Mr. Greene:

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% (rounded) of your annual appropriation of \$3,091,956 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 2

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010064106**

Facility Name (current) : **Wolfson Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,091,956
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,091,956
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,091,956

[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.