



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010129000**

Dear Mr. Harcombe:

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 \$102,370,824 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010129000**

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

| | | |
|---|---------------|----------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$102,370,824 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$102,370,824 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$102,370,824 |

[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 LeMount
Aventura Hospital and Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012037500**

Dear Mr. LeMount:

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 \$4,349,480 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012037500**

Facility Name (current) : **Aventura Hospital and Medical Center**

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$4,349,480 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$4,349,480 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$4,349,480 |

[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

D. Bland Eng
Brandon Regional Hospital
119 Oakfield Dr.
Brandon, FL 33511

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011807900**

Dear Mr. Eng:

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 \$5,754,365 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011807900**

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

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$5,754,365 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$5,754,365 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$5,754,365 |

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

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Alan List, MD
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Dr.
Tampa, FL 33612

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012032400**

Dear Dr. List:

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 \$11,467,051 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research Institute Hospital**

| | | |
|---|---------------|---------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$11,467,051 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$11,467,051 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$11,467,051 |

[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

Brandon Haushalter
Kendall Regional Medical Center
11750 Bird Rd.
Miami, FL 33175

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012013800**

Dear Mr. Haushalter:

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 \$4,214,531 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012013800**

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

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$4,214,531 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$4,214,531 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$4,214,531 |

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Adam Rudd
Largo Medical Center
201 14th St. SW
Largo, FL 33770

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011974100**

Dear Mr. Rudd:

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 \$4,600,011 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011974100**

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

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$4,600,011 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$4,600,011 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$4,600,011 |

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RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

January 13, 2021

Steven Sonenreich
Mount Sinai Medical Center
4300 Alton Rd.
Miami Beach, FL 33140

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

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 \$7,588,838 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010046300**

Facility Name (current) : **Mount Sinai Medical Center**

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$7,588,838 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$7,588,838 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$7,588,838 |

[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

Eric C. Lawson
North Florida Regional Medical Center
6500 Newberry Rd.
Gainesville, FL 32605

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010862600**

Dear Mr. Lawson:

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 \$2,006,332 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010862600**

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

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$2,006,332 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$2,006,332 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$2,006,332 |

[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

Mickey Smith
Oak Hill Hospital
11375 Cortez Blvd
Brooksville, FL 34613

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012007300**

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 \$1,924,563 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012007300**

Facility Name (current) : **Oak Hill Hospital**

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$1,924,563 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$1,924,563 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$1,924,563 |

[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

Chad P. Christianson
Ocala Regional Medical Center
1431 SW 1st Ave
Ocala, FL 34474

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010988600**

Dear Mr. Christianson:

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 \$1,737,872 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010988600**

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

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$1,737,872 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$1,737,872 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$1,737,872 |

[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 Strong
Orlando Health Orlando Regional Medical Center
52 W Underwood St.
Orlando, FL 32806

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010133800**

Dear Mr. Strong:

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 \$51,595,497 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010133800**

Facility Name (current) : **Orlando Health Orlando Regional Medical Center**

| | | |
|---|---------------|---------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$51,595,497 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$51,595,497 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$51,595,497 |

[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

Davide M. Carbone
Osceola Regional Medical Center
700 W Oak St.
Kissimmee, FL 34741

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010138900**

Dear Mr. Carbone:

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 \$1,452,653 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,

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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010138900**

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

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$1,452,653 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$1,452,653 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$1,452,653 |

[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

Gina Temple, PhD, MPA, BSN
Regional Medical Center Bayonet Point
14000 Fivay Rd.
Hudson, FL 34667

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011988100**

Dear Ms. Temple:

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 \$3,488,107 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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011988100**

Facility Name (current) : **Regional Medical Center Bayonet Point**

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$3,488,107 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$3,488,107 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$3,488,107 |

[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

Stephen L. Demers
University of Miami Hospital and Clinics-Sylvester Comprehensive
1475 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010047100**

Dear Mr. Demers:

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 \$6,007,767 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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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 3

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010047100**

Facility Name (current) : **University of Miami Hospital and Clinics-Sylvester Comprehensive**

| | | |
|---|---------------|--------------------|
| Annual Group 1 Tier 3 distribution to your facility | (A) | \$6,007,767 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Group 1 Tier 3 Payments | (A - B) = (C) | \$6,007,767 |
| Total of your Group 1 Tier 3 Payments previously paid in this fiscal year | (D) | \$0 |
| Your Scheduled Group 1 Tier 3 Payment [1] [2] | (E) | \$6,007,767 |

[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.