



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Denyse Bales-Chubb  
AdventHealth Connerton  
9441 Health Center Dr.  
Land O' Lakes, FL 34637

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 000949600**

Dear Ms. Bales-Chubb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% (rounded) of your annual appropriation of \$1,335 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **000949600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,335
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,335</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Ann Barnhart  
Heart of Florida Regional Medical Center  
40100 US Hwy 27 N  
Davenport, FL 33837

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010228800**

Dear Ms. Barnhart:

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 represents 100% (rounded) of your annual appropriation of \$7,855 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010228800**

Facility Name (current) : **Heart of Florida Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,855
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,855
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$7,855</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Gordon Edward Noseworthy  
AdventHealth Daytona Beach  
301 Memorial Medical Pkwy  
Daytona Beach, FL 32117

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010186900**

Dear Mr. Noseworthy:

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 represents 100% (rounded) of your annual appropriation of \$34,050 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010186900**

Facility Name (current) : **AdventHealth Daytona Beach**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$34,050
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$34,050
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$34,050</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Dennis Hernandez  
AdventHealth New Smyrna Beach  
401 Palmetto St.  
New Smyrna Beach, FL 32168

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010183400**

Dear Mr. Hernandez:

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 represents 100% (rounded) of your annual appropriation of \$19,322 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010183400**

Facility Name (current) : **AdventHealth New Smyrna Beach**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$19,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$19,322
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$19,322</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Joel D. Johnson  
AdventHealth Ocala  
1500 SW 1St Ave  
Ocala, FL 34471

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010117600**

Dear Mr. Johnson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$37,552 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,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010117600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$37,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$37,552
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$37,552</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Ronald Jimenez  
AdventHealth Palm Coast  
60 Memorial Medical Pkwy  
Palm Coast, FL 32164

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010189300**

Dear Mr. Jimenez:

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 represents 100% (rounded) of your annual appropriation of \$13,472 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010189300**

Facility Name (current) : **AdventHealth Palm Coast**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,472
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$13,472
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$13,472</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Randall Surber  
AdventHealth Lake Placid  
1210 US 27 N  
Lake Placid, FL 33852

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010090100**

Dear Mr. Surber:

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 represents 100% (rounded) of your annual appropriation of \$22,660 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010090100**

Facility Name (current) : **AdventHealth Lake Placid**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$22,660
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$22,660
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$22,660</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Erik Wangsness  
AdventHealth Wesley Chapel  
2600 Bruce B. Downs Blvd  
Wesley Chapel, FL 33544

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 005456800**

Dear Mr. Wangsness:

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 represents 100% (rounded) of your annual appropriation of \$38,746 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **005456800**

Facility Name (current) : **AdventHealth Wesley Chapel**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$38,746
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$38,746
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$38,746</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Joseph Impicciche, JD, MHA  
Ascension St. Vincents Medical Center Riverside  
One Shircliff Way  
Jacksonville, FL 32204

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010073100**

Dear Mr. Impicciche:

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 represents 100% (rounded) of your annual appropriation of \$95,593 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010073100**

Facility Name (current) : **Ascension St. Vincents Medical Center Riverside**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$95,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$95,593
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$95,593</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Thomas Vanosdol  
Ascension St. Vincents Southside Hospital  
4201 Belfort Rd.  
Jacksonville, FL 32216

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010373000**

Dear Mr. Vanosdol:

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 represents 100% (rounded) of your annual appropriation of \$36,364 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010373000**

Facility Name (current) : **Ascension St. Vincents Southside Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$36,364
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$36,364
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$36,364</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Thomas VanOsdol  
St. Vincent's Clay County Hospital  
1670 St. Vincents Way  
Middleburg, FL 32068

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 009701300**

Dear Mr. VanOsdol:

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 represents 100% (rounded) of your annual appropriation of \$24,399 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **009701300**

Facility Name (current) : **St. Vincent's Clay County Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,399
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$24,399
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$24,399</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Mark Faulkner  
Baptist Hospital  
1000 W Moreno St.  
Pensacola, FL 32501

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010074900**

Dear Mr. Faulkner:

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 represents 100% (rounded) of your annual appropriation of \$114,755 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010074900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$114,755
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$114,755
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$114,755</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Bo Boulenger  
Baptist Hospital of Miami  
8900 N Kendall Drive  
Miami, FL 33176

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010035800**

Dear Mr. Boulenger:

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 represents 100% (rounded) of your annual appropriation of \$293,433 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010035800**

Facility Name (current) : **Baptist Hospital of Miami**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$293,433
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$293,433
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$293,433</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Joseph Mitrick  
Baptist Medical Center - Beaches  
1350 13th Ave S  
Jacksonville Beach, FL 32250

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010232600**

Dear Mr. Mitrick:

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 represents 100% (rounded) of your annual appropriation of \$45,313 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010232600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$45,313
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$45,313
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$45,313</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Brett S. McClung  
Baptist Medical Center Jacksonville  
800 Prudential Dr.  
Jacksonville, FL 32207

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010064100**

Dear Mr. McClung:

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 represents 100% (rounded) of your annual appropriation of \$353,687 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010064100**

Facility Name (current) : **Baptist Medical Center Jacksonville**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$353,687
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$353,687
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$353,687</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Scott Campbell  
Ascension Sacred Heart Bay Medical  
615 N Bonita Ave  
Panama City, FL 32401

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010006400**

Dear Mr. Campbell:

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 represents 100% (rounded) of your annual appropriation of \$14,125 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010006400**

Facility Name (current) : **Ascention Sacred Heart Bay Medical**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,125
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,125
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$14,125</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Jacqueline Marie Arocho  
Baycare Alliant Hospital  
601 Main St.  
Dunedin, FL 34698

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010372100**

Dear Ms. Arocho:

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 represents 100% (rounded) of your annual appropriation of \$ 15 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010372100**

Facility Name (current) : **Baycare Alliant Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 15
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$ 15
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$ 15</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Kenneth Wicker  
Bayfront Health Brooksville  
17240 Cortez Blvd  
Brooksville, FL 34601

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010087100**

Dear Mr. Wicker:

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 represents 100% (rounded) of your annual appropriation of \$3,070 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010087100**

Facility Name (current) : **Bayfront Health Brooksville**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,070
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,070</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Amanda Maggard  
AdventHealth Dade City  
13100 Fort King Rd.  
Dade City, FL 33525

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010959200**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% (rounded) of your annual appropriation of \$6,737 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010959200**

Facility Name (current) : **AdventHealth Dade City**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,737
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,737
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,737</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Timothy J. Cerullo  
Bayfront Health Port Charlotte  
2500 Harbor Blvd  
Port Charlotte, FL 33952

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010028500**

Dear Mr. Cerullo:

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 represents 100% (rounded) of your annual appropriation of \$26,445 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010028500**

Facility Name (current) : **Bayfront Health Port Charlotte**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$26,445
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$26,445
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$26,445</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Andrew Emery  
Bayfront Health Punta Gorda  
809 E Marion Ave  
Punta Gorda, FL 33950

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010027700**

Dear Mr. Emery:

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 represents 100% (rounded) of your annual appropriation of \$1,397 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010027700**

Facility Name (current) : **Bayfront Health Punta Gorda**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,397
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,397
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,397</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Linda A. Stockton  
Bayfront Health Seven Rivers  
6201 N Suncoast Blvd  
Crystal River, FL 34428

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011998900**

Dear Ms. Stockton:

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 represents 100% (rounded) of your annual appropriation of \$4,153 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011998900**

Facility Name (current) : **Bayfront Health Seven Rivers**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,153
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,153
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,153</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Nelson Lazo  
Bethesda Hospital East  
2815 S Seacrest Blvd  
Boynton Beach, FL 33435

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010140100**

Dear Mr. Lazo:

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 represents 100% (rounded) of your annual appropriation of \$89,176 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010140100**

Facility Name (current) : **Bethesda Hospital East**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$89,176
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$89,176
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$89,176</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Randal Bailey Currin, Jr.  
Blake Medical Center  
2020 59th St. W  
Bradenton, FL 34209

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011021300**

Dear Mr. Currin:

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 represents 100% (rounded) of your annual appropriation of \$55,388 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011021300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$55,388
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$55,388
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$55,388</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Brenda Potter  
Calhoun-Liberty Hospital  
20370 NE Burns Ave  
Blountstown, FL 32424

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010026900**

Dear Ms. Potter:

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 represents 100% (rounded) of your annual appropriation of \$1,743 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010026900**

Facility Name (current) : **Calhoun-Liberty Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,743
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,743
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,743</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Alan Keesee  
Capital Regional Medical Center  
2626 Capital Medical Blvd  
Tallahassee, FL 32308

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011980600**

Dear Mr. Keesee:

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 represents 100% (rounded) of your annual appropriation of \$7,415 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011980600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,415
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,415
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$7,415</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Trey Abshier  
Central Florida Regional Hospital  
1401 W Seminole Blvd  
Sanford, FL 32771

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010178800**

Dear Mr. Abshier:

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 represents 100% (rounded) of your annual appropriation of \$31,139 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010178800**

Facility Name (current) : **Central Florida Regional Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$31,139
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$31,139
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$31,139</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Ginger A. Carroll  
Citrus Memorial Hospital  
502 Highland Blvd  
Inverness, FL 34452

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010219900**

Dear Ms. Carroll:

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 represents 100% (rounded) of your annual appropriation of \$18,080 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010219900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,080
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,080
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$18,080</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Robert L. Lord Jr.  
Cleveland Clinic Martin North Hospital  
200 SE Hospital Ave  
Stuart, FL 34994

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010118400**

Dear Mr. Lord:

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 represents 100% (rounded) of your annual appropriation of \$188,159 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010118400**

Facility Name (current) : **Cleveland Clinic Martin North Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$188,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$188,159
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$188,159</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Christina Jimenez  
Coral Gables Hospital  
3100 S Douglas Rd.  
Coral Gables, FL 33134

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010960600**

Dear Ms. Jimenez:

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 represents 100% (rounded) of your annual appropriation of \$10,904 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010960600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$10,904
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$10,904
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$10,904</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Margaret M. Gill  
Delray Medical Center  
5352 Linton Blvd  
Delray Beach, FL 33484

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012009000**

Dear Ms. Gill:

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 represents 100% (rounded) of your annual appropriation of \$22,243 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012009000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$22,243
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$22,243
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$22,243</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

David Clay  
Lower Keys Medical Center  
5900 College, Rd.  
Key West, FL 33040

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010119200**

Dear Mr. Clay:

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 represents 100% (rounded) of your annual appropriation of \$12,401 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010119200**

Facility Name (current) : **Lower Keys Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,401
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,401
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$12,401</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Javier Hernandez-Lichtl  
Doctors Hospital  
5000 University Dr.  
Coral Gables, FL 33146

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010354300**

Dear Mr. Hernandez-Lichtl:

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 represents 100% (rounded) of your annual appropriation of \$33,418 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010354300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$33,418
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$33,418
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$33,418</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Robert C. Meade  
Doctors Hospital of Sarasota  
5731 Bee Ridge Rd.  
Sarasota, FL 34233

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011995400**

Dear Mr. Meade:

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 represents 100% (rounded) of your annual appropriation of \$13,152 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011995400**

Facility Name (current) : **Doctors Hospital of Sarasota**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,152
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$13,152
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$13,152</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Thomas Joseph Stone  
Doctors' Memorial Hospital  
333 N Byron Butler Pkwy  
Perry, FL 32348

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010180000**

Dear Mr. Stone:

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 represents 100% (rounded) of your annual appropriation of \$3,077 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010180000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,077
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,077</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Michael D. Ehrat  
Englewood Community Hospital  
700 Medical Blvd  
Englewood, FL 34223

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010253900**

Dear Mr. Ehrat:

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 represents 100% (rounded) of your annual appropriation of \$3,551 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010253900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,551
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,551
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,551</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

William F. Hawley  
Fawcett Memorial Hospital  
21298 Olean Blvd  
Port Charlotte, FL 33952

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011746300**

Dear Mr. Hawley:

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 represents 100% (rounded) of your annual appropriation of \$14,423 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011746300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,423
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,423
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$14,423</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Jason P. Barrett  
Flagler Hospital  
400 Health Park Blvd  
Saint Augustine, FL 32086

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010171100**

Dear Mr. Barrett:

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 represents 100% (rounded) of your annual appropriation of \$74,117 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010171100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$74,117
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$74,117
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$74,117</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Mitchell Mongell  
Fort Walton Beach Medical Center  
1000 Mar-Walt Dr.  
Fort Walton Beach, FL 32547

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011132500**

Dear Mr. Mongell:

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 represents 100% (rounded) of your annual appropriation of \$10,246 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011132500**

Facility Name (current) : **Fort Walton Beach Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$10,246
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$10,246
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$10,246</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Tara McCoy  
Good Samaritan Medical Center  
1309 N Flagler Dr.  
West Palm Beach, FL 33401

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010152400**

Dear Ms. McCoy:

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 represents 100% (rounded) of your annual appropriation of \$46,046 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010152400**

Facility Name (current) : **Good Samaritan Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$46,046
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$46,046
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$46,046</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Bradley Griffin  
Gulf Coast Regional Medical Center  
449 W 23rd St.  
Panama City, FL 32405

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011761700**

Dear Mr. Griffin:

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 represents 100% (rounded) of your annual appropriation of \$22,294 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011761700**

Facility Name (current) : **Gulf Coast Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$22,294
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$22,294
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$22,294</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Gerald Beard  
Healthmark Regional Medical Center  
4413 US Hwy 331 S  
DeFuniak Springs, FL 32435

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010188500**

Dear Mr. Beard:

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 represents 100% (rounded) of your annual appropriation of \$910 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010188500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$910
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$910
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$910</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Bob Mahaffey  
Highlands Regional Medical Center  
3600 S Highlands Ave  
Sebring, FL 33870

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010089700**

Dear Mr. Mahaffey:

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 represents 100% (rounded) of your annual appropriation of \$8,301 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010089700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,301
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,301
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$8,301</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Doug Strong  
Holy Cross Hospital  
4725 N Federal Hwy  
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010018800**

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 represents 100% (rounded) of your annual appropriation of \$68,763 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010018800**

Facility Name (current) : **Holy Cross Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$68,763
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$68,763
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$68,763</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Gina Melby  
JFK Medical Center  
5301 S Congress Ave  
Atlantis, FL 33462

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010146000**

Dear Ms. Melby:

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 represents 100% (rounded) of your annual appropriation of \$96,215 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010146000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$96,215
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$96,215
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$96,215</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Jill Adams  
Lake City Medical Center  
340 NW Commerce Dr.  
Lake City, FL 32055

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011976800**

Dear Ms. Adams:

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 represents 100% (rounded) of your annual appropriation of \$3,370 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011976800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,370
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,370
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,370</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Heath Evans  
Shands Live Oak Regional Medical Center  
1100 SW 11th St.  
Live Oak, FL 32060

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010179600**

Dear Mr. Evans:

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 represents 100% (rounded) of your annual appropriation of \$289 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010179600**

Facility Name (current) : **Shands Live Oak Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$289
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$289
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$289</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Timothy Regan  
Lakeland Regional Medical Center  
1324 Lakeland Hills Blvd  
Lakeland, FL 33805

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010164800**

Dear Dr. Regan:

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 represents 100% (rounded) of your annual appropriation of \$204,725 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010164800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$204,725
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$204,725
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$204,725</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Andy Guz  
Lakewood Ranch Medical Center  
8330 Lakewood Ranch Blvd  
Bradenton, FL 34202

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010342000**

Dear Mr. Guz:

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 represents 100% (rounded) of your annual appropriation of \$24,953 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010342000**

Facility Name (current) : **Lakewood Ranch Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,953
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$24,953
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$24,953</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Iris Berges  
Larkin Community Hospital Palm Springs Campus  
1475 W 49th Pl  
Hialeah, FL 33012

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010053600**

Dear Ms. Berges:

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 represents 100% (rounded) of your annual appropriation of \$8,240 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010053600**

Facility Name (current) : **Larkin Community Hospital Palm Springs Campus**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,240
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,240
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$8,240</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Eric Goldman  
Lawnwood Regional Medical Center & Heart Institute  
1700 S 23rd St.  
Fort Pierce, FL 34950

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011969500**

Dear Mr. Goldman:

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 represents 100% (rounded) of your annual appropriation of \$23,324 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011969500**

Facility Name (current) : **Lawnwood Regional Medical Center & Heart Institute**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,324
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$23,324
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$23,324</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Tammy Wells Stevens  
Madison County Memorial Hospital  
224 NW Crane Ave  
Madison, FL 32340

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010115000**

Dear Ms. Wells Stevens:

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 represents 100% (rounded) of your annual appropriation of \$3,415 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010115000**

Facility Name (current) : **Madison County Memorial Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,415
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,415
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,415</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Glenn Davenport Waters  
Mease Countryside Hospital  
3231 McMullen Booth Rd.  
Safety Harbor, FL 34695

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012008100**

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 represents 100% (rounded) of your annual appropriation of \$104,344 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012008100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$104,344
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$104,344
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$104,344</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Mike Wyers  
Medical Center of Trinity  
9330 SR 54  
Trinity, FL 34655

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010552000**

Dear Mr. Wyers:

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 represents 100% (rounded) of your annual appropriation of \$52,972 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010552000**

Facility Name (current) : **Medical Center of Trinity**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$52,972
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$52,972
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$52,972</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Dale Armour  
Melbourne Regional Medical Center  
250 N Wickham Rd.  
Melbourne, FL 32935

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010320900**

Dear Mr. Armour:

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 represents 100% (rounded) of your annual appropriation of \$ 57 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010320900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 57
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$ 57
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$ 57</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Bradley S. Talbert  
Memorial Hospital Jacksonville  
3625 University Blvd S  
Jacksonville, FL 32216

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010193100**

Dear Mr. Talbert:

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 represents 100% (rounded) of your annual appropriation of \$39,314 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010193100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$39,314
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$39,314
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$39,314</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Sonia I. Wellman  
Memorial Hospital of Tampa  
2901 W Swann Ave  
Tampa, FL 33609

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011279800**

Dear Ms. Wellman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% (rounded) of your annual appropriation of \$20,205 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011279800**

Facility Name (current) : **Memorial Hospital of Tampa**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$20,205
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$20,205
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$20,205</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Rhonda Sherrod  
Shands Starke Regional Medical Center  
922 E Call St.  
Starke, FL 32091

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010007200**

Dear Ms. Sherrod:

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 represents 100% (rounded) of your annual appropriation of \$308 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010007200**

Facility Name (current) : **Shands Starke Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$308
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$308
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$308</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Ronnie Daves  
North Okaloosa Medical Center  
151 E Redstone Ave  
Crestview, FL 32539

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010126500**

Dear Mr. Daves:

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 represents 100% (rounded) of your annual appropriation of \$7,236 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010126500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,236
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,236
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$7,236</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Mark Racicot  
North Shore Medical Center  
1100 NW 95th St.  
Miami, FL 33150

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010049800**

Dear Mr. Racicot:

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 represents 100% (rounded) of your annual appropriation of \$53,712 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010049800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$53,712
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$53,712
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$53,712</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Michael A. Kozar  
Northwest Florida Community Hospital  
1360 Brickyard Rd.  
Chipley, FL 32428

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010190700**

Dear Mr. Kozar:

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 represents 100% (rounded) of your annual appropriation of \$3,706 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010190700**

Facility Name (current) : **Northwest Florida Community Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,706
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,706
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,706</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Erica Gulrich  
Northwest Medical Center  
2801 N State Rd. 7  
Margate, FL 33063

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010459100**

Dear Ms. Gulrich:

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 represents 100% (rounded) of your annual appropriation of \$27,679 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010459100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$27,679
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$27,679
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$27,679</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Lisa Valentine  
Orange Park Medical Center  
2001 Kingsley Ave  
Orange Park, FL 32073

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011174100**

Dear Ms. Valentine:

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 represents 100% (rounded) of your annual appropriation of \$28,135 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011174100**

Facility Name (current) : **Orange Park Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$28,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$28,135
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$28,135</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Christopher Schroeder  
Health Central  
10000 W Colonial Dr.  
Ocoee, FL 34761

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010135400**

Dear Mr. Schroeder:

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 represents 100% (rounded) of your annual appropriation of \$63,819 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010135400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$63,819
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$63,819
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$63,819</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Kenneth Donahey  
Oviedo Medical Center  
8300 Red Bug Lake Rd.  
Oviedo, FL 32765

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 021094100**

Dear Mr. Donahey:

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 represents 100% (rounded) of your annual appropriation of \$6,175 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **021094100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,175
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,175
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,175</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Teresa C. Urquhart  
Palm Beach Gardens Medical Center  
3360 Burns Rd.  
Palm Beach Gardens, FL 33410

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010210500**

Dear Ms. Urquhart:

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 represents 100% (rounded) of your annual appropriation of \$39,159 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010210500**

Facility Name (current) : **Palm Beach Gardens Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$39,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$39,159
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$39,159</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Ana J. Mederos  
Palmetto General Hospital  
2001 W 68th St.  
Hialeah, FL 33016

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010460400**

Dear Ms. Mederos:

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 represents 100% (rounded) of your annual appropriation of \$49,188 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010460400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$49,188
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$49,188
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$49,188</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Jacob J. Fisher  
Palms of Pasadena Hospital  
1501 Pasadena Ave S  
Saint Petersburg, FL 33707

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012011100**

Dear Mr. Fisher:

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 represents 100% (rounded) of your annual appropriation of \$12,885 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012011100**

Facility Name (current) : **Palms of Pasadena Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,885
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$12,885</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Joshua DeTillio  
Palms West Hospital  
13001 Southern Blvd  
Loxahatchee, FL 33470

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012026000**

Dear Mr. DeTillio:

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 represents 100% (rounded) of your annual appropriation of \$24,856 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012026000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,856
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$24,856
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$24,856</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Scott S. Lowe  
Physicians Regional Medical Center - Pine Ridge  
6101 Pine Ridge Rd.  
Naples, FL 34119

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010314400**

Dear Mr. Lowe:

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 represents 100% (rounded) of your annual appropriation of \$15,941 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010314400**

Facility Name (current) : **Physicians Regional Medical Center - Pine Ridge**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,941
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$15,941
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$15,941</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Madeline Nava  
Plantation General Hospital  
401 NW 42nd Ave  
Plantation, FL 33317

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012000600**

Dear Ms. Nava:

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 represents 100% (rounded) of your annual appropriation of \$100,092 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012000600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$100,092
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$100,092
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$100,092</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Christopher A. Cosby  
Poinciana Medical Center  
325 Cypress Pkwy  
Kissimmee, FL 34758

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 009268300**

Dear Mr. Cosby:

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 represents 100% (rounded) of your annual appropriation of \$4,742 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **009268300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,742
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,742
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,742</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Mark Dooley  
Putnam Community Medical Center  
611 Zeagler Dr.  
Palatka, FL 32177

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011351400**

Dear Mr. Dooley:

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 represents 100% (rounded) of your annual appropriation of \$2,068 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011351400**

Facility Name (current) : **Putnam Community Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,068
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,068
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,068</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

P. Brian Melear  
Raulerson Hospital  
1796 Hwy 441 North  
Okeechobee, FL 34972

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011975000**

Dear Mr. Melear:

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 represents 100% (rounded) of your annual appropriation of \$8,282 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

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011975000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,282
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$8,282</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Andrew S. Romine  
Steward Rockledge Hospital  
110 Longwood Ave  
Rockledge, FL 32955

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010011100**

Dear Mr. Romine:

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 represents 100% (rounded) of your annual appropriation of \$2,631 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010011100**

Facility Name (current) : **Steward Rockledge Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,631
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,631
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,631</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Dan Peterson  
Santa Rosa Medical Center  
6002 Berryhill Rd.  
Milton, FL 32570

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010174500**

Dear Mr. Peterson:

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 represents 100% (rounded) of your annual appropriation of \$2,076 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010174500**

Facility Name (current) : **Santa Rosa Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,076
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,076
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,076</b>

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

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





RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Rhonda Sherrod  
Shands Lake Shore Regional Medical Center  
368 NE Franklin St.  
Lake City, FL 32055

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010033100**

Dear Ms. Sherrod:

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 represents 100% (rounded) of your annual appropriation of \$9,731 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,731
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,731
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$9,731</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Daniel P. Bender  
South Bay Hospital  
4016 Sun City Center Blvd  
Sun City Center, FL 33573

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011994600**

Dear Mr. Bender:

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 represents 100% (rounded) of your annual appropriation of \$10,644 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011994600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$10,644
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$10,644
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$10,644</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

John A. Moore  
South Lake Hospital  
1920 Don Wickham Dr.  
Clermont, FL 34711

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010108700**

Dear Mr. Moore:

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 represents 100% (rounded) of your annual appropriation of \$61,977 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010108700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$61,977
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$61,977
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$61,977</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Bill Duquette  
South Miami Hospital  
6200 SW 73rd St.  
Miami, FL 33143

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010058700**

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 represents 100% (rounded) of your annual appropriation of \$113,132 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010058700**

Facility Name (current) : **South Miami Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$113,132
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$113,132
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$113,132</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Brent Burish  
St. Cloud Regional Medical Center  
2906 17th St.  
Saint Cloud, FL 34769

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010346200**

Dear Mr. Burish:

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 represents 100% (rounded) of your annual appropriation of \$351 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010346200**

Facility Name (current) : **St. Cloud Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$351
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$351
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$351</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Jay Finnegan  
St. Lucie Medical Center  
1800 SE Tiffany Ave  
Port Saint Lucie, FL 34952

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011997100**

Dear Mr. Finnegan:

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 represents 100% (rounded) of your annual appropriation of \$7,226 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011997100**

Facility Name (current) : **St. Lucie Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,226
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,226
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$7,226</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Janice Balzano  
St. Petersburg General Hospital  
6500 38th Ave N  
Saint Petersburg, FL 33710

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012010300**

Dear Ms. Balzano:

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 represents 100% (rounded) of your annual appropriation of \$23,469 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012010300**

Facility Name (current) : **St. Petersburg General Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,469
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$23,469
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$23,469</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

George Mark O'Bryant  
Tallahassee Memorial Hospital  
1300 Miccosukee Rd.  
Tallahassee, FL 32308

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

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 represents 100% (rounded) of your annual appropriation of \$178,678 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010113300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$178,678
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$178,678
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$178,678</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

David A. Whalen  
Twin Cities Hospital  
2190 Hwy 85 N  
Niceville, FL 32578

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010125700**

Dear Mr. Whalen:

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 represents 100% (rounded) of your annual appropriation of \$4,333 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010125700**

Facility Name (current) : **Twin Cities Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,333
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,333
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,333</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Donald G. Henderson  
The Villages Regional Hospital  
1451 El Camino Real  
The Villages, FL 32159

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010317900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% (rounded) of your annual appropriation of \$31,138 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010317900**

Facility Name (current) : **The Villages Regional Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$31,138
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$31,138
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$31,138</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Ben Harris  
University Hospital and Medical Center  
7201 N University Dr.  
Tamarac, FL 33321

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011280100**

Dear Mr. Harris:

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 represents 100% (rounded) of your annual appropriation of \$33,049 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011280100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$33,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$33,049
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$33,049</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Brett Esrock  
Viera Hospital  
8745 N Wickham Rd.  
Melbourne, FL 32940

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 003158800**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% (rounded) of your annual appropriation of \$28,355 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,

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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **003158800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$28,355
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$28,355
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$28,355</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Pamela Tahan  
Wellington Regional Medical Center  
10101 Forest Hill Blvd  
Wellington, FL 33414

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010213000**

Dear Ms. Tahan:

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 represents 100% (rounded) of your annual appropriation of \$37,283 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010213000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$37,283
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$37,283
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$37,283</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

George Rizzuto  
West Boca Medical Center  
21644 State Rd. 7  
Boca Raton, FL 33428

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012024300**

Dear Mr. Rizzuto:

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 represents 100% (rounded) of your annual appropriation of \$9,524 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **012024300**

Facility Name (current) : **West Boca Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,524
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,524
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$9,524</b>

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

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



RON DESANTIS  
GOVERNOR  
SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Brian Baumgardner  
West Florida Hospital  
8383 N Davis Hwy  
Pensacola, FL 32514

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011321200**

Dear Mr. Baumgardner:

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 represents 100% (rounded) of your annual appropriation of \$11,282 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

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011321200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,282
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$11,282</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Lourdes Boue  
West Kendall Baptist Hospital  
9555 SW 162nd Ave  
Miami, FL 33196

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 003226500**

Dear Ms. Boue:

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 represents 100% (rounded) of your annual appropriation of \$90,462 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **003226500**

Facility Name (current) : **West Kendall Baptist Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$90,462
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$90,462
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$90,462</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Rudy Garcia  
Westchester General Hospital  
2500 SW 75th Ave  
Miami, FL 33155

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010062500**

Dear Mr. Garcia:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$14,711 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **010062500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,711
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,711
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$14,711</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
SECRETARY

January 20, 2021

Barbara J. Simmons  
Westside Regional Medical Center  
8201 W Broward Blvd  
Plantation, FL 33324

**RE: State Fiscal Year 2020 - 2021  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011230500**

Dear Ms. Simmons:

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 represents 100% (rounded) of your annual appropriation of \$23,709 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 5

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **011230500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,709
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$23,709
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$23,709</b>

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

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