



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Jared M Smith
Broward Health Coral Springs
3000 Coral Hill Drive Coral Springs Florida
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$4,210,535 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **012040500**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$4,210,535
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$4,210,535
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$3,157,901

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Susan Newton
Broward Health Imperial Point
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010821900**

Dear Ms. Newton:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,242,331 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010821900**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$2,242,331
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$2,242,331
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$1,681,748

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Sandra J Todd-Atkinson
Broward Health Medical Center
1600 South Andrews Avenue
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010012900**

Dear Ms. Todd-Atkinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$21,008,677 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010012900**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$21,008,677
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$21,008,677
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$15,756,508

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Alice Taylor
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064-3596

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$10,226,321 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010021800**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$10,226,321
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$10,226,321
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$7,669,741

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

James R. Nathan
Cape Coral Hospital
636 Del Prado Boulevard
Cape Coral, Florida 33990-2695

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011971700**

Dear Mr. R. Nathan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$6,791,020 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **011971700**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$6,791,020
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$6,791,020
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$5,093,265

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Vincent A. Sica
Desoto Memorial Hospital
900 North Robert Avenue
Arcadia, Florida 34266-8765

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010192300**

Dear Mr. A. Sica:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,052,552 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance and Analytics

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010192300**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$2,052,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$2,052,552
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$1,539,414

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

JoAnn Baker
Doctor's Memorial Hospital
P.O. Box 188
Bonifay, Florida 32425

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010103600**

Dear Ms. Baker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$233,636 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctor's Memorial Hospital**

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$233,636
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$233,636
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$175,227

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Dennis Markos
Ed Fraser Memorial Hospital
159 North Third Street
Macclenny, Florida 32063-0484

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010004800**

Dear Mr. Markos:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,051,747 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010004800**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$2,051,747
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$2,051,747
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$1,538,810

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Michael Cooper
George E. Weems Memorial Hospital
P.O. Box 580
Apalachicola, Florida 32329-0580

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010080300**

Dear Mr. Cooper:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$750,018 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010080300**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$750,018
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$750,018
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$562,514

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Jim Nathan, President/
Gulf Coast Medical Center
13681 Doctors Way
Fort Myers, Florida 33912-4309

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011134100**

Dear Mr. Nathan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,535,599 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **011134100**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$8,535,599
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$8,535,599
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$6,401,699

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Jeff Feasel
Halifax Health Medical Center
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010184200**

Dear Mr. Feasel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$15,063,653 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010184200**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$15,063,653
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$15,063,653
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$11,297,740

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Raymond D. Williams
Hendry Regional Medical Center
524 West Sagamore Avenue
Clewiston, Florida 33440-3021

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010086200**

Dear Mr. Williams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$1,300,278 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010086200**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$1,300,278
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$1,300,278
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$975,209

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Larry Meese
Jackson Hospital
4250 Hospital Drive
Marianna, Florida 32446-1917

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010106100**

Dear Mr. Meese:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,396,713 for state fiscal year 2017 - 2018. 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.

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010106100**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$2,396,713
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$2,396,713
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$1,797,535

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Carlos Migoya
Jackson Memorial Hospital
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$104,092,579 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010042100**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$104,092,579
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$104,092,579
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$78,069,434

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Jonathan Ellen, MD, President . & Physician in Chief
John Hopkins All Children's Hospital
601 5th Street South, Suite 509
Saint Petersburg, Florida 33701-4816

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010151600**

Dear Mr. Ellen:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,606,406 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010151600**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$2,606,406
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$2,606,406
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$1,954,805

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Darcy Davis
Lakeside Medical Center
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010144300**

Dear Ms. Davis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$441,185 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010144300**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$441,185
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$441,185
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$330,889

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

James R. Nathan
Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010110900**

Dear Mr. R. Nathan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$23,369,750 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010110900**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$23,369,750
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$23,369,750
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$17,527,313

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Tammy Stevens
Madison County Memorial Hospital
224 Northwest Crane Avenue
Madison, Florida 32340-2525

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010115000**

Dear Ms. 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 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$82,513 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010115000**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$82,513
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$82,513
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$61,885

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 Southwest 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$2,118,301 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010345400**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$2,118,301
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$2,118,301
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$1,588,726

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Mark Doyle
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024-2536

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$6,663,433 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010222900**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$6,663,433
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$6,663,433
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$4,997,575

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Leah Carpenter
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$8,526,207 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010252100**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$8,526,207
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$8,526,207
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$6,394,655

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Zeff Ross
Memorial Regional Hospital
3501 Johnson Street
Hollywood, Florida 33021-5487

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010020000**

Dear Mr. Ross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$37,098,150 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010020000**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$37,098,150
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$37,098,150
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$27,823,613

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Dana Bledsoe
Nemours Children's Hospital
13535 Nemours Parkway
Orlando, Florida 32827

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 004087600**

Dear Ms. Bledsoe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$116,406 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **004087600**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$116,406
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$116,406
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$87,305

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

M. Narendra Kini, M.D.
Nicklaus Children's Hospital
3100 Southwest 62nd Avenue
Miami, Florida 33155-3073

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010060900**

Dear Mr. Kini, M.D.:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$401,185 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010060900**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$401,185
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$401,185
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$300,889

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

George Mikitarian
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796-2194

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$3,645,858 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010010200**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$3,645,858
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$3,645,858
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$2,734,394

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

David Verinder
Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010176100**

Dear Mr. Verinder:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$12,215,141 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010176100**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$12,215,141
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$12,215,141
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$9,161,356

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Fleury Yelvington
Shriners Hospitals for Children -Tampa
12502 USF Pine Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 002576600**

Dear Mr. Yelvington:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$616,657 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **002576600**

Facility Name (current) : **Shriners Hospitals for Children -Tampa**

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$616,657
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$616,657
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$462,493

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

John Couris
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601-1289

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010099400**

Dear Mr. Couris:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$70,999,343 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010099400**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$70,999,343
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$70,999,343
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$53,249,507

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 26, 2018

Ed Jimenez
UF Health Shands Hospital
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010003000**

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 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$59,741,834 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 1st, 2nd & 3rd Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$59,741,834
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$59,741,834
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your 1st, 2nd & 3rd Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$44,806,376

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 6, 2018

Leon Haley
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2017 - 2018
1st, 2nd and 3rd Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010067600**

Dear Mr. Haley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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.

Your first scheduled payment represents 75% (rounded) of your specified annual amount \$68,807,020 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **010067600**

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

Annual LIP Group 1, Tier 2 distribution to your facility	(A)	\$68,807,020
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 2 Payments	(A - B) = (C)	\$68,807,020
Total of your LIP Group 1, Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 1, Tier 2 Payment [1] [2]	((C x .75) - D) = (E)	\$51,605,265

[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.