



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 20, 2018

Daryl Tol
Florida Hospital
Regulatory Affairs
Maitland, Florida 32751

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010129000**

Dear Mr. Tol:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$96,997,052 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 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **010129000**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$96,997,052
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$96,997,052
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$18,421,896
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$78,575,156

[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

June 20, 2018

John A. Kolosky
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive, Mail Stop: MBC-ACCT
Tampa, Florida 33612-9416

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 012032400**

Dear Mr. Kolosky:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$9,689,945 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 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **012032400**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$9,689,945
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$9,689,945
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$1,840,336
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$7,849,609

[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

June 20, 2018

Anthony Degina
Largo Medical Center
201 14th Street Southwest
Largo, Florida 33770-3133

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 011974100**

Dear Mr. Degina:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,800,593 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **011974100**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$3,800,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$3,800,593
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$721,817
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$3,078,776

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 20, 2018

Sandy Sosa-Guerrero
Larkin Community Hospital
5996 Southwest 70th Street, 5th Floor
South Miami, Florida 33143-4701

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$709,718 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **012005700**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$709,718
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$709,718
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$134,791
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$574,927

[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

June 20, 2018

Steven D. Sonenreich
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140-2800

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,678,049 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 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **010046300**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$12,678,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$12,678,049
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$2,407,843
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$10,270,206

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 20, 2018

David Strong, President & CEO
Orlando Regional Medical Center
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010133800**

Dear Mr. Strong:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$56,622,928 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
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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **010133800**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$56,622,928
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$56,622,928
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$10,753,953
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$45,868,975

[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

June 20, 2018

Michael Gittleman
University of Miami Hospital
1400 North West 12th Avenue
Miami, Florida 33136-1087

**RE: State Fiscal Year 2017 - 2018
Third Scheduled Low Income Pool (LIP) Group 1, Tier 3 Payment.
Medicaid Number: 010036600**

Dear Mr. Gittleman:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,545,298 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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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 3

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **010036600**

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

Annual LIP Group 1, Tier 3 distribution to your facility	(A)	\$3,545,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 1, Tier 3 Payments	(A - B) = (C)	\$3,545,298
Total of your LIP Group 1, Tier 3 Payments previously paid in this fiscal year	(D)	\$673,331
Your Second Scheduled LIP Group 1, Tier 3 Payment [1] [2]	(C - D) = (E)	\$2,871,967

[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.