



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Jonathan M. Ellen, MD
President/Vice Dean
All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$2,063,930 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101516-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$2,063,930
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$2,063,930
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$515,984

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Sharon Vereen Howard
Reimbursement Manager
Ann Bates Leach Eye Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0116483-00**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$370,966 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0116483-00**

Facility Name (current) : **Ann Bates Leach Eye Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$370,966
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$370,966
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$92,740

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Brian P. Baumgardner
Hospital Administrator
Bartow Regional Medical Center
2200 Osprey Blvd.
P.O. Box 1050
Bartow, Florida 33830

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120413-00**

Dear Mr. Baumgardner:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$135,163 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120413-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$135,163
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$135,163
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$33,787

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Stephen M Johnson, FACHE
President / CEO
Bay Medical Center Sacred Heart HS
615 N. Bonita Avenue
Panama City, Florida 32401

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100064-00**

Dear Mr. Johnson:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$883,830 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100064-00**

Facility Name (current) : **Bay Medical Center Sacred Heart HS**

Explicit annual LIP 6 Payment to your facility	(A)	\$883,830
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$883,830
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$220,953

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Kathryn Gillette
President & CEO
Bayfront Health - St. Petersburg
701 6th Street South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$999,901 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101567-00**

Facility Name (current) : **Bayfront Health - St. Petersburg**

Explicit annual LIP 6 Payment to your facility	(A)	\$999,901
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$999,901
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$249,976

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Al Allred
CFO
Bert Fish Medical Center
401 Palmetto Street
P.O. Box 1350
New Smyrna Beach, Florida 32170-1350

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101834-00**

Dear Mr. Allred:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$324,462 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101834-00**

Facility Name (current) : **Bert Fish Medical Center**

Explicit annual LIP 6 Payment to your facility	(A)	\$324,462
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$324,462
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$81,111

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Roger L. Kirk
President / CEO
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101401-00**

Dear Mr. Kirk:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$505,588 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101401-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$505,588
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$505,588
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$126,400

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Dawn Javersack
CFO
Boca Raton Regional Hospital
800 Meadows Road
Boca Raton, Florida 33486

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101419-00**

Dear Mr. Javersack:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$155,326 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101419-00**

Facility Name (current) : **Boca Raton Regional Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$155,326
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$155,326
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$38,830

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
Brandon Regional Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0118079-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$384,285 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0118079-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$384,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$384,285
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$96,069

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Bayfront Health Brooksville
17240 Cortez Blvd.
Brooksville, Florida 34601

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100871-00**

Dear Sir or Madam:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$418,860 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100871-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$418,860
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$418,860
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$104,715

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Calvin E. Glidewell Jr.
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100129-00**

Dear Mr. Glidewell:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$3,559,632 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100129-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$3,559,632
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$3,559,632
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$889,908

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. H. D. Cannington
Asst Administrator
Campbellton-Graceville Hospital
5429 College Dr.
Graceville, Florida 32440

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101940-00**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$53,773 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101940-00**

Facility Name (current) : **Campbellton-Graceville Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$53,773
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$53,773
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$13,444

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Benjamin A. Spence
CFO
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, Florida 33990

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0119717-00**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$826,683 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0119717-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$826,683
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$826,683
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$206,673

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
Capital Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0119806-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$110,013 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0119806-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$110,013
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$110,013
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$27,501

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Sharon V. Howard
Reimbursement Manager
University of Miami Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100366-00**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,713,325 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100366-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,713,325
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,713,325
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$428,332

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Mark Williams
CFO
Citrus Memorial Hospital
502 Highland Blvd.
Inverness, Florida 34452

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0102199-00**

Dear Mr. Williams:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$329,002 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0102199-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$329,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$329,002
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$82,249

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Sara L. Fulghum
Legal Assistant
Physicians Regional Medical Center - PR
6101 Pine Ridge Road
Naples, Florida 34119

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0103144-00**

Dear Ms. Fulghum:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$333,096 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0103144-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$333,096
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$333,096
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$83,274

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
JFK Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101460-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$862,285 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101460-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$862,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$862,285
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$215,572

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
Palms West Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$668,794 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120260-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$668,794
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$668,794
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$167,197

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120405-00**

Dear Mr. Grossman:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$797,770 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120405-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$797,770
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$797,770
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$199,441

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Mark Bryan
CFO
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120090-00**

Dear Mr. Bryan:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$359,527 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120090-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$359,527
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$359,527
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$89,878

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mrs. JoAnn Baker
Administrator
Doctors Memorial Hospital
P.O. Box 188
2600 Hospital Dr
Bonifay, Florida 32425

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101036-00**

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$317,749 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101036-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$317,749
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$317,749
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$79,438

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Joseph Gordy
CEO
Flagler Hospital
400 Health Park Blvd.
St. Augustine, Florida 32086

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101711-00**

Dear Mr. Gordy:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$177,955 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101711-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$177,955
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$177,955
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$44,485

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Lars Houmann
President
Florida Hospital
601 East Rollins Street
Orlando, Florida 32803

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101290-00**

Dear Mr. Houmann:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,449,214 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101290-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,449,214
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,449,214
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$362,302

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Todd Goodman
CEO
Florida Hospital Heartland
4200 Sun'n Lake Blvd
Sebring, Florida 33871

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100901-00**

Dear Mr. Goodman:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$162,710 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100901-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$162,710
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$162,710
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$40,679

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Fran Crunk
CEO
Florida Hospital Waterman
1000 Waterman Way
Tavares, Florida 32778

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101095-00**

Dear Ms. Crunk:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$777,952 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101095-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$777,952
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$777,952
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$194,491

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Darcy J. Davis
CFO/COO
Lakeside Medical Center
2601 10th Ave North, Ste 100
Palm Springs, Florida 33462

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101443-00**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$196,448 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101443-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$196,448
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$196,448
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$49,109

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Tonja Mosley
CFO
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, Florida 33401

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101524-00**

Dear Ms. Mosley:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$459,970 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101524-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$459,970
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$459,970
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$114,991

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Alan F. List, M.D.
President /CEO
H. Lee Moffit Cancer Center
12902 Magnolia Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120324-00**

Dear Dr. List:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,732,664 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120324-00**

Facility Name (current) : **H. Lee Moffit Cancer Center**

Explicit annual LIP 6 Payment to your facility	(A)	\$1,732,664
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,732,664
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$433,163

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Robert Lee
CEO
Raulerson Hospital
PO Box 1307
Okeechobee, Florida 34973

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0119750-00**

Dear Mr. Lee:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$28,109 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0119750-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$28,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$28,109
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$7,031

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Jeff Feasel
CEO
Halifax Health Medical Center
303 N. Clyde-Morris Blvd.
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,734,151 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101842-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,734,151
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,734,151
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$433,534

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Greg P. Ohe
President
Health Central
10000 West Colonial Drive
Ocoee, Florida 34761

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101354-00**

Dear Mr. Ohe:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$692,088 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101354-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$692,088
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$692,088
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$173,022

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Tonja Mosley
CFO
Heart of Florida Regional Medical Center
40100 U. S. Highway 27
Davenport, Florida 33832

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0102288-00**

Dear Ms. Mosley:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$180,946 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0102288-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$180,946
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$180,946
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$45,235

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Brook Thomas
CFO
Highlands Regional Medical Center
Post Office Drawer 2066
Sebring, Florida 33870

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100897-00**

Dear Mr. Thomas:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$315,826 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100897-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$315,826
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$315,826
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$78,955

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Alice Taylor
CEO
Broward Health Imperial Point
6401 North Federal Hwy.
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0108219-00**

Dear Ms. Taylor:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$237,655 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0108219-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$237,655
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$237,655
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$59,410

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Jeffrey L Susi
CEO
Indian River Medical Center
1000 36th Street
Vero Beach, Florida 32960

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101044-00**

Dear Mr. Susi:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$695,426 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101044-00**

Facility Name (current) : **Indian River Medical Center**

Explicit annual LIP 6 Payment to your facility	(A)	\$695,426
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$695,426
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$173,858

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Kevin Rovito
CFO
Jackson Hospital
4250 Hospital Drive
Marianna, Florida 32447

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101061-00**

Dear Mr. Rovito:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$53,496 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101061-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$53,496
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$53,496
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$13,374

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Carlos Migoya
President / CEO
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Executive Offices-West Wing117
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$16,767,303 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100421-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$16,767,303
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$16,767,303
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$4,191,828

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Paul Dell Uomo
CEO
Jupiter Medical Center
1210 South Old Dixie Highway
Jupiter, Florida 33458

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120294-00**

Dear Mr. Dell Uomo:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$126,390 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120294-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$126,390
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$126,390
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$31,593

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
Blake Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0110213-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$170,494 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0110213-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$170,494
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$170,494
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$42,622

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Hector Sanchez
Reimbursement Department
Lake Wales Medical Center
410 South 11th Street
Lake Wales, Florida 33853

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101664-00**

Dear Mr. Sanchez:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$194,195 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101664-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$194,195
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$194,195
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$48,548

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mrs. Elaine Thompson
President / CEO
Lakeland Regional Medical Center
P.O. Box 95448
Lakeland, Florida 33804

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101648-00**

Dear Mrs. Thompson:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,579,253 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101648-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,579,253
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,579,253
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$394,817

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Benjamin A. Spence
CFO
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$2,060,053 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101109-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$2,060,053
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$2,060,053
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$515,014

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Hospital Administrator
Leesburg Regional Medical Center
600 East Dixie Ave.
Leesburg, Florida 34748

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101079-00**

Dear Hospital Administrator:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$809,414 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101079-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$809,414
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$809,414
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$202,355

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mark A Tierney, CPA
System Chief Financial Officer
Manatee Memorial Hospital
206 Second Street East
Bradenton, Florida 34208

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101168-00**

Dear Mr. Tierney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$940,604 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101168-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$940,604
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$940,604
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$235,148

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. John Creider
Reimbursement Specialist
Martin Medical Center
P. O. Box 9033
Stuart, Florida 34995-9033

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101184-00**

Dear Mr. Creider:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$394,217 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101184-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$394,217
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$394,217
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$98,558

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Briant keen
Director - RMS
Mease Dunedin Hospital
BayCare Health System
2985 Drew Street
Clearwater, Florida 33759-0760

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101541-00**

Dear Mr. keen:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$71,915 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101541-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$71,915
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$71,915
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$17,978

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr Briant Keen
Director of Revenue Management Services
Mease Countryside Hospital
BayCareHealth System
2985 Drew St.
Clearwater, Florida 33759

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120081-00**

Dear Mr Keen:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,061,898 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120081-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,061,898
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,061,898
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$265,470

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$3,217,265 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100200-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$3,217,265
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$3,217,265
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$804,320

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Frank V. Sacco
President / CEO
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0102521-00**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$2,318,508 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0102521-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$2,318,508
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$2,318,508
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$579,627

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Nigel Hinds
Controller
Florida Hospital Deland
701 West Plymouth Ave.
Deland, Florida 32720

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101877-00**

Dear Mr. Hinds:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$606,444 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101877-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$606,444
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$606,444
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$151,611

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Frank V Sacco
President / CEO
Memorial Hospital Miramar
1901 SW 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0103454-00**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,265,000 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0103454-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,265,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,265,000
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$316,247

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Kris Hoce
Hospital Administrator
Morton Plant Hospital
323 Jeffords Street
P.O. Box 210
Clearwater, Florida 33757

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101583-00**

Dear Mr. Hoce:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$2,101,217 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101583-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$2,101,217
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$2,101,217
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$525,308

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Steven Sonenreich
CEO
Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach, Florida 33140

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$828,196 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100463-00**

Facility Name (current) : **Mt. Sinai Medical Center**

Explicit annual LIP 6 Payment to your facility	(A)	\$828,196
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$828,196
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$207,052

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Jon Kurtz
Hospital Administrator
Munroe Regional Medical Center
1121 SW 1st Ave
Ocala, Florida 34471

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101176-00**

Dear Mr. Kurtz:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$552,547 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101176-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$552,547
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$552,547
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$138,133

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Vicki Hale
CFO
Naples Community Hospital
350 7th Street North
Naples, Florida 34102-5457

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100315-00**

Dear Ms. Hale:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,066,953 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100315-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,066,953
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,066,953
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$266,736

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Pauline Grant, MS, MBA, CHE
CEO
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100218-00**

Dear Ms. Grant:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$699,965 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100218-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$699,965
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$699,965
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$174,995

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
Ocala Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0109886-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$273,540 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0109886-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$273,540
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$273,540
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$68,385

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. John Gaspelin
Director of Finance
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$2,011,660 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101338-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$2,011,660
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$2,011,660
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$502,918

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Judi Stimson
CFO
Palm Beach Gardens Medical Center
3360 Burns Road
Palm Beach Gardens, Florida 33410

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0102105-00**

Dear Ms. Stimson:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$220,894 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0102105-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$220,894
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$220,894
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$55,222

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

George Mikitarian JR, DHA
President / CEO
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100102-00**

Dear Mr. Mikitarian:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$761,773 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100102-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$761,773
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$761,773
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$190,444

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Frank V. Sacco
President / CEO
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0102229-00**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$501,226 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0102229-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$501,226
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$501,226
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$125,305

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Henry Stovall
President
Sacred Heart Hospital
5151 N 9th Avenue
Pensacola, Florida 32504

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$193,719 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100765-00**

Facility Name (current) : **Sacred Heart Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$193,719
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$193,719
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$48,432

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Phillip Wright
CEO
Santa Rosa Medical Center
6002 Berryhill Road
Milton, Florida 32570-5062

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101745-00**

Dear Mr. Wright:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$340,945 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101745-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$340,945
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$340,945
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$85,237

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Rhonda Kay Sherrod
Market CEO
Shands Lake Shore Medical Center
368 N.E. Franklin St.
Lake City, Florida 32055

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100331-00**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$586,613 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100331-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$586,613
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$586,613
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$146,657

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Minh Dang
CFO
Shands Live Oak Regional Medical Center
1100 SW 11th Street
Live Oak, Florida 32064

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101796-00**

Dear Ms. Dang:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$9,205 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101796-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$9,205
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$9,205
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$2,302

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Brent Burish
Administrator
Shands Starke Regional Medical Center
922 E. Call Street
Starke, Florida 32091

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100072-00**

Dear Mr. Burish:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$8,555 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100072-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$8,555
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$8,555
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$2,138

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Russell Armistead
CEO
UF Health Hospital
655 West 8th Street
Jacksonville, Florida 32209

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$5,215,483 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100676-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$5,215,483
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$5,215,483
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$1,303,867

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Timothy M. Goldfarb
CEO
Shands Teaching Hospital & Clinic
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$7,020,957 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100030-00**

Facility Name (current) : **Shands Teaching Hospital & Clinic**

Explicit annual LIP 6 Payment to your facility	(A)	\$7,020,957
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$7,020,957
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$1,755,237

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
South Bay Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0119946-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$75,723 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0119946-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$75,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$75,723
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$18,933

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Stephen Nierman
COO
South Florida Baptist Hospital
301 N Alexander Street
Plant City, Florida 33566

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100986-00**

Dear Mr. Nierman:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$205,658 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100986-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$205,658
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$205,658
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$51,416

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. John A. Moore
President
South Lake Hospital
1900 Don Wickham Dr
Clermont, Florida 34711

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101087-00**

Dear Mr. Moore:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$498,135 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101087-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$498,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$498,135
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$124,536

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Benjamin A. Spence
CFO
Gulf Coast Medical Center Lee Memorial
13681 Doctors Way
Ft Myers, Florida 33912

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0111341-00**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,231,522 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0111341-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,231,522
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,231,522
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$307,879

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. William Ulbricht
President
St. Anthony's Hospital
1200 7th Avenue North
P.O. Box 12588
St. Petersburg, Florida 33733

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120227-00**

Dear Mr. Ulbricht:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$376,778 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120227-00**

Facility Name (current) : **St. Anthony's Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$376,778
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$376,778
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$94,196

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Carl Tremonti
CFO
St. Joseph's Hospital
3003 W. Dr. M. L. King Blvd.
3rd Floor, Medical Arts Bldg.
Tampa, Florida 33607-4227

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100978-00**

Dear Mr. Tremonti:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$2,912,312 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100978-00**

Facility Name (current) : **St. Joseph's Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$2,912,312
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$2,912,312
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$728,075

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Tom Schlemmer
CFO
St. Mary's Medical Center
901 45th St.
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,997,592 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101486-00**

Facility Name (current) : **St. Mary's Medical Center**

Explicit annual LIP 6 Payment to your facility	(A)	\$1,997,592
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,997,592
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$499,398

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Steve L. Short
Senior Vice President / CFO
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100994-00**

Dear Mr. Short:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$4,742,184 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100994-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$4,742,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$4,742,184
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$1,185,546

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Aida Leon
Director, Business Office
Town & Country Hospital
6001 Webb Road
Tampa, Florida 33615

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0119849-00**

Dear Ms. Leon:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$90,479 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0119849-00**

Facility Name (current) : **Town & Country Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$90,479
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$90,479
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$22,619

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Shane Cox
CFO
Florida Hospital Carrollwood
7171 N. Dale Mabry Hwy.
Tampa, Florida 33614

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100943-00**

Dear Mr. Cox:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$95,801 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100943-00**

Facility Name (current) : **Florida Hopsital Carrollwood**

Explicit annual LIP 6 Payment to your facility	(A)	\$95,801
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$95,801
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$23,954

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Dima Didenko
CFO
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, Florida 33613

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101028-00**

Dear Mr. Didenko:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$337,923 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101028-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$337,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$337,923
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$84,483

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Sharon V. Howard
Hospital Administrator
University of Miami Hospital & Clinics
1475 N.W. 12th Avenue
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0100471-00**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$1,124,281 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0100471-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$1,124,281
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$1,124,281
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$281,071

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Lisa Heisler
Controller
Florida Hospital Fish Memorial
1055 Saxon Blvd.
Orange City, Florida 32763

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101826-00**

Dear Ms. Heisler:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$356,414 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101826-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$356,414
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$356,414
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$89,105

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Joseph Paul
CFO
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Willington, Florida 33414

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0102130-00**

Dear Mr. Paul:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$362,587 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0102130-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$362,587
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$362,587
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$90,643

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Brook Thomas
CFO
West Boca Medical Center
21644 State Road 7
Boca Raton, Florida 33428

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120243-00**

Dear Mr. Thomas:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$422,074 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120243-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$422,074
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$422,074
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$105,517

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Ms. Robin Gaffney
Director of Reimbursement
West Palm Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0120308-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$181,418 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0120308-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$181,418
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$181,418
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	((C x .25) - D) = (E)	\$45,356

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Mr. Lance W. Anastasio
Hospital Administrator
Winter Haven Hospital
200 Avenue F, Northeast
Winter Haven, Florida 33881

**RE: State Fiscal Year 2015 - 2016
Third Scheduled Low Income Pool (LIP) 6 Payment
Medicaid Number: 0101699-00**

Dear Mr. Anastasio:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 6 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your specified annual amount \$591,050 for state fiscal year 2015 - 2016. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Third Scheduled Payment

Medicaid Number : **0101699-00**

Facility Name (current) : **Winter Haven Hospital**

Explicit annual LIP 6 Payment to your facility	(A)	\$591,050
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual LIP 6 Payments	(A - B) = (C)	\$591,050
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$ 0
Your third Scheduled LIP 6 Payment [1] [2]	$((C \times .25) - D) = (E)$	\$147,764

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

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