



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$2,063,930
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,547,948
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$515,982</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$370,966
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$278,224
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$92,742</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$135,163
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$101,371
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$33,792</b>

[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

May 23, 2016

Mr. Stephen Grubbs  
CEO  
Bay Medical Center/Sacred Heart HS  
615 N. Bonita Avenue  
Panama City, Florida 32401

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

Dear Mr. Grubbs:

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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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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 Twelfth Scheduled Payment

Medicaid Number : **0100064-00**

Facility Name (current) : **Bay Medical Centerr/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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$883,830
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$662,871
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$220,959</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$999,901
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$749,926
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$249,975</b>

[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

May 23, 2016

Bayfront Health Brooksville  
17240 Cortez Blvd.  
Brooksville, Florida 34601

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$418,860
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$314,145
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$104,715</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$324,462
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$243,345
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$81,117</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$505,588
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$379,192
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$126,396</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	<b>(A - B) = (C)</b>	<b>\$170,494</b>
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$127,870
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$42,624</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$155,326
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$116,494
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$38,832</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$384,285
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$288,213
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$96,072</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$797,770
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$598,327
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$199,443</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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.

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 6

State Fiscal Year 2015 - 2016 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$237,655
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$178,240
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$59,415</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$3,559,632
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$2,669,724
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$889,908</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$699,965
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$524,975
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$174,990</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$53,773
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$40,330
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$13,443</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$826,683
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$620,013
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$206,670</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$110,013
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$82,509
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$27,504</b>

[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

May 23, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
Citrus Memorial Hospital  
502 Highland Blvd.  
Inverness, Florida 34452

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

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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$329,002
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$246,751
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$82,251</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$359,527
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$269,644
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$89,883</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$317,749
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$238,312
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$79,437</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$177,955
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$133,465
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$44,490</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$95,801
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$71,852
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$23,949</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,449,214
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,086,910
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$362,304</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$606,444
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$454,833
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$151,611</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$356,414
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$267,311
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$89,103</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$162,710
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$122,033
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$40,677</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$337,923
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$253,443
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$84,480</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$777,952
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$583,465
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$194,487</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$459,970
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$344,977
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$114,993</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,231,522
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$923,641
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$307,881</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,732,664
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,299,497
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$433,167</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,734,151
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,300,612
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$433,539</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$692,088
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$519,066
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$173,022</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$180,946
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$135,709
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$45,237</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	<b>(A - B) = (C)</b>	<b>\$315,826</b>
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$236,869
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$78,957</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$695,426
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$521,570
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$173,856</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	<b>(A - B) = (C)</b>	<b>\$53,496</b>
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$40,122
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$13,374</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$16,767,303
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$12,575,478
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,191,825</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$862,285
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$646,714
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$215,571</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$126,390
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$94,791
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$31,599</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$194,195
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$145,646
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$48,549</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,579,253
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,184,441
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$394,812</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$196,448
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$147,335
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$49,113</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$2,060,053
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,545,040
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$515,013</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$809,414
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$607,061
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$202,353</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$940,604
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$705,452
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$235,152</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$394,217
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$295,664
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$98,553</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,061,898
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$796,422
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$265,476</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$71,915
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$53,936
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$17,979</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,265,000
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$948,749
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$316,251</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$501,226
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$375,919
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$125,307</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$2,318,508
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,738,881
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$579,627</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$3,217,265
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$2,412,950
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$804,315</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$2,101,217
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,575,914
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$525,303</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$828,196
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$621,148
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$207,048</b>

[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

May 23, 2016

Mr. Eric LaChance  
CFO  
Munroe Regional Medical Center  
1500 SW 1st Ave  
Ocala, Florida 34471

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

Dear Mr. LaChance:

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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$552,547
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$414,409
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$138,138</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,066,953
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$800,214
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$266,739</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$273,540
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$205,155
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$68,385</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$2,011,660
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,508,746
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$502,914</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$220,894
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$165,670
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$55,224</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$668,794
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$501,595
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$167,199</b>

[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

May 23, 2016

Mr. Michael B. Sitowitz  
Controller  
Parrish Medical Center  
951 North Washington Avenue  
Titusville, Florida 32796

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

Dear Mr. Sitowitz:

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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$761,773
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$571,330
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$190,443</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$333,096
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$249,822
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$83,274</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$28,109
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$21,083
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$7,026</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$193,719
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$145,290
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$48,429</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$340,945
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$255,709
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$85,236</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$586,613
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$439,961
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$146,652</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$9,205
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$6,904
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,301</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$8,555
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$6,416
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,139</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	<b>(A - B) = (C)</b>	<b>\$75,723</b>
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$56,793
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$18,930</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$205,658
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$154,244
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$51,414</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$498,135
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$373,602
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$124,533</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$376,778
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$282,584
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$94,194</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$2,912,312
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$2,184,233
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$728,079</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,997,592
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,498,194
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$499,398</b>

[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

May 23, 2016

Ms. Robin Gaffney  
Managing Director, Reimbursement  
Tampa Community Hospital  
6001 Webb Road  
ATTN: Administration  
Tampa, Florida 33615

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

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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth Scheduled Payment

Medicaid Number : **0119849-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$90,479
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$90,479
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$67,859
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$22,620</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$4,742,184
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$3,556,638
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,185,546</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth Scheduled Payment

Medicaid Number : **0100676-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$5,215,483
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$5,215,483
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$3,911,611
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,303,872</b>

[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

May 23, 2016

Mr. Timothy M. Goldfarb  
CEO  
UF Health Shands Hospital  
Box 100326  
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth Scheduled Payment

Medicaid Number : **0100030-00**

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

Explicit annual LIP 6 Payment to your facility	(A)	\$7,020,957
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$7,020,957
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$5,265,717
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,755,240</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,713,325
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$1,284,994
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$428,331</b>

[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

May 23, 2016

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  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$1,124,281
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$843,211
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$281,070</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$362,587
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$271,939
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$90,648</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$422,074
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$316,555
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$105,519</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$181,418
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$136,064
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$45,354</b>

[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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Twelfth 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 twelfth scheduled payment (enclosed, if not electronically transferred), represents 100% (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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Twelfth 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
<b>Projected total of your facility's annual LIP 6 Payments</b>	(A - B) = (C)	\$591,050
Total of your "LIP 6" Payments previously paid in this fiscal year	(D)	\$443,288
<b>Your twelfth Scheduled LIP 6 Payment [1] [2]</b>	(C - D) = (E)	<b>\$147,762</b>

[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.