



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 10, 2016

Ms. Sandy Sosa-Guerrero  
CEO  
Larkin Community Hospital  
7031 SW 62nd Avenue  
P.O. Box 43-1810  
Miami, Florida 33243

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 Payment.  
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$535,070 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120057-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$535,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$535,070</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$267,535
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$133,768</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$3,995,446 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101516-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$3,995,446
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$3,995,446
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,997,723
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$998,862</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

Mr. Mark Faulkner  
Sr. Vice President, Administrator  
Baptist Hospital Inc  
P.O. Box 17500  
Pensacola, Florida 32522

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 Payment.  
Medicaid Number: 0100749-00**

Dear Mr. Faulkner:

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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$1,594,727 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100749-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$1,594,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,594,727</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$797,364
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$398,681</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,832,512 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.

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101567-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,832,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$2,832,512
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,416,256
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$708,128</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$14,723,195 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.

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100129-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$14,723,195
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$14,723,195</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$7,361,598
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$3,680,798</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$11,077,711 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101290-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$11,077,711
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$11,077,711
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$5,538,856
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$2,769,427</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$6,115,250 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120324-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$6,115,250
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$6,115,250
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$3,057,625
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$1,528,813</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,498,002 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101842-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,498,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,498,002</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,249,001
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$624,501</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$55,440,179 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100421-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$55,440,179
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$55,440,179
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$27,720,090
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$13,860,044</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 Payment.  
Medicaid Number: 0120138-00**

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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,695,451 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120138-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,695,451
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,695,451</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,347,726
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$673,862</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$3,265,321 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101648-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$3,265,321
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$3,265,321</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,632,661
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$816,330</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 Payment.  
Medicaid Number: 0119695-00**

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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,367,341 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.

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Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0119695-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,367,341
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$2,367,341
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,183,671
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$591,835</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$13,927,425 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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Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101109-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$13,927,425
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$13,927,425
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$6,963,713
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$3,481,856</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$16,043,820 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100200-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$16,043,820
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$16,043,820</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$8,021,910
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$4,010,955</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$1,823,842 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100463-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$1,823,842
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,823,842</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$911,921
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$455,961</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$6,873,381 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100765-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$6,873,381
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$6,873,381</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$3,436,691
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$1,718,345</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

Ms. Janet Krail  
Sarasota Memorial Hospital  
1700 S. Tamiami Trail  
Sarasota, Florida 34239

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 Payment.  
Medicaid Number: 0101761-00**

Dear Ms. Krail:

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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,098,347 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101761-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,098,347
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$2,098,347
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,049,174
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$524,586</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$6,273,212 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100978-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$6,273,212
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$6,273,212
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$3,136,606
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$1,568,303</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$8,954,914 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101486-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$8,954,914
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$8,954,914
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$4,477,457
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$2,238,729</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

Mr. G. Mark O'Bryant  
President / CEO  
Tallahassee Memorial Hospital  
1300 Miccosukee  
Tallahassee, Florida 32308

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 Payment.  
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,993,085 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101133-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,993,085
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,993,085</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,496,543
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$748,271</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$12,872,049 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100994-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$12,872,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$12,872,049</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$6,436,025
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$3,218,012</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$11,183,413 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100676-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$11,183,413
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$11,183,413
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$5,591,707
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$2,795,853</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$15,153,101 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100030-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$15,153,101
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$15,153,101</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$7,576,551
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$3,788,275</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$2,415,002 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100366-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,415,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,415,002</b>
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,207,501
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	<b>((C x .75) - D) = (E)</b>	<b>\$603,751</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 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  
Third Scheduled Low Income Pool (LIP) 7 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 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your third scheduled payment (enclosed, represents 75% (rounded) of your specified annual amount \$10,030,575 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) 7

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100471-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$10,030,575
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP 7 Payments</b>	(A - B) = (C)	\$10,030,575
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$5,015,288
<b>Your third Scheduled LIP 7 Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$2,507,643</b>

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

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