



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Stephen P. Lee
President
Baptist Medical Center - Nassau
1250 S. 18th St.
Fernandina Beach, Florida 32034

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101231-00 HCCCB Number: 100140**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$120,771 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101231-00** HCCCB Number : **100140**

Hospital Name (current) : **Baptist Medical Center - Nassau**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.1480976% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$120,771 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$120,771 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$30,193 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Bayfront Health Brooksville
17240 Cortez Blvd.
Brooksville, Florida 34601

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100871-00 HCCCB Number: 100071**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$69,150 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100871-00** HCCCB Number : **100071**

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

| | | |
|---|------------------------------|-----------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$69,150 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$69,150 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$17,288 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0108219-00 HCCCB Number: 100200**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$505,504 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0108219-00** HCCCB Number : **100200**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$505,504 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$505,504 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$126,376 |

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100129-00 HCCCB Number: 100039**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$1,571,992 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100129-00** HCCCB Number : **100039**

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

| | | |
|---|------------------------------|--------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$1,571,992 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$1,571,992 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$392,998 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Phillip Hill Jr
CEO
Calhoun Liberty Hospital
20370 NE Burns Avenue
Blountstown, Florida 32424

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100269-00 HCCCB Number: 100112**

Dear Mr. Hill:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$139,522 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100269-00** HCCCB Number : **100112**

Hospital Name (current) : **Calhoun Liberty Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.4816068% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$139,522 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$139,522 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$34,881 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101940-00 HCCCB Number: 100138**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$205,630 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101940-00** HCCCB Number : **100138**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.6574315% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$205,630 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$205,630 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$51,408 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Vincent A. Sica
President / CEO
DeSoto Memorial Hospital
900 N. Robert Avenue
P.O. Box 2180
Arcadia, Florida 34266

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101923-00 HCCCB Number: 100175**

Dear Mr. Sica:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$198,165 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101923-00** HCCCB Number : **100175**

Hospital Name (current) : **DeSoto Memorial Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.5246621% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$198,165 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$198,165 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$49,541 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101036-00 HCCCB Number: 100078**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$165,926 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101036-00** HCCCB Number : **100078**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.9512420% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$165,926 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$165,926 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$41,482 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Ms. Geri Forbes
CEO
Doctors' Memorial Hospital
333 N. Byron Butler Parkway
Perry, Florida 32347

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101800-00 HCCCB Number: 100106**

Dear Ms. Forbes:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$202,451 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101800-00** HCCCB Number : **100106**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.6008931% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$202,451 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$202,451 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$50,613 |

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Steve Dudley
CFO
Ed Fraser Memorial Hospital
159 North Third Street
Macclenny, Florida 32063

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100048-00 HCCCB Number: 100134**

Dear Mr. Dudley:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$1,815,106 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100048-00** HCCCB Number : **100134**

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

| | | |
|---|------------------------------|--------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | $(A \times B) = (C)$ | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 32.2843754% |
| Annual amount of your proportional rural hospital distribution | $(D \times E) = (F)$ | \$1,815,106 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | $(C + F) = (G)$ | \$1,815,106 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | $((M \times .25) - H) = (I)$ | \$453,777 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Hal Leftwich
CEO
Fishermen's Community Hospital
3301 Overseas Highway
Marathon, Florida 33050

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101206-00 HCCCB Number: 100024**

Dear Mr. Leftwich:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$171,631 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101206-00** HCCCB Number : **100024**

Hospital Name (current) : **Fishermen's Community Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.0527211% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$171,631 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$171,631 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$42,908 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Dima V Didenko
CFO
Florida Hospital - Wauchula
4200 Sun N Lake Blvd
PO Box 9400
Sebring, Florida 33871-9400

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0102601-00 HCCCB Number: 100282**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$99,074 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0102601-00** HCCCB Number : **100282**

Hospital Name (current) : **Florida Hospital - Wauchula**

| | | |
|---|------------------------------|-----------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | $(A \times B) = (C)$ | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 1.7621851% |
| Annual amount of your proportional rural hospital distribution | $(D \times E) = (F)$ | \$99,074 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | $(C + F) = (G)$ | \$99,074 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | $((M \times .25) - H) = (I)$ | \$24,769 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Jermaine B. Bucknor
CFO
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101893-00 HCCCB Number: 100118**

Dear Mr. Bucknor:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$135,178 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101893-00** HCCCB Number : **100118**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.4043348% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$135,178 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$135,178 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$33,795 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Ms. Kim Davis
CFO
George E. Weems Memorial Hospital
135 Avenue G
Apalachicola, Florida 32329

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100803-00 HCCCB Number: 100153**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$125,595 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100803-00** HCCCB Number : **100153**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.2339024% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$125,595 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$125,595 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$31,399 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. James H. Thompson
Hospital Administrator
Healthmark Regional Medical Center
4413 US Highway 331 S
DeFuniak Springs, Florida 32435

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101885-00 HCCCB Number: 100081**

Dear Mr. 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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$113,651 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101885-00** HCCCB Number : **100081**

Hospital Name (current) : **Healthmark Regional Medical Center**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.0214482% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$113,651 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$113,651 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$28,413 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0102288-00 HCCCB Number: 100137**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$50,850 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0102288-00** HCCCB Number : **100137**

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

| | | |
|---|------------------------------|-----------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$50,850 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$50,850 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$12,713 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Lynn W Beasley
CEO
Hendry Regional Medical Center
500 W. Sugarland Highway
Clewiston, Florida 33440

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100862-00 HCCCB Number: 100098**

Dear Mr. Beasley:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$89,092 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100862-00** HCCCB Number : **100098**

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

| | | |
|---|------------------------------|-----------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 1.5846405% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$89,092 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$89,092 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$22,273 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101061-00 HCCCB Number: 100142**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$146,797 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101061-00** HCCCB Number : **100142**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.6109999% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$146,797 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$146,797 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$36,699 |

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100421-00 HCCCB Number: 100022**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$1,788,956 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100421-00** HCCCB Number : **100022**

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

| | | |
|---|------------------------------|--------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$1,788,956 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$1,788,956 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$447,239 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Mike T. Hutchins
Hospital Administrator
Jay Hospital
14114 Alabama Street
Jay, Florida 32565

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101737-00 HCCCB Number: 100048**

Dear Mr. Hutchins:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$85,819 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101737-00** HCCCB Number : **100048**

Hospital Name (current) : **Jay Hospital**

| | | |
|---|------------------------------|-----------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 1.5264189% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$85,819 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$85,819 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$21,455 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101460-00 HCCCB Number: 100080**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$845,680 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101460-00** HCCCB Number : **100080**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$845,680 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$845,680 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$211,420 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Ms. Pamela B. Howard
Hospital Administrator
Lake Butler Hospital
850 East Main St.
P.O.Box 748
Lake Butler, Florida 32054

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0108227-00 HCCCB Number: 100241**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$475,689 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0108227-00** HCCCB Number : **100241**

Hospital Name (current) : **Lake Butler Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 8.4608471% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$475,689 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$475,689 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$118,922 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101443-00 HCCCB Number: 100130**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$185,666 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101443-00** HCCCB Number : **100130**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.3023519% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$185,666 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$185,666 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$46,417 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0119741-00 HCCCB Number: 100248**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$492,161 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0119741-00** HCCCB Number : **100248**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$492,161 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$492,161 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$123,040 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Patrick McGee
CFO
Madison County Memorial Hospital
224 NW Crane Avenue
Madison, Florida 32340

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101150-00 HCCCB Number: 100004**

Dear Mr. McGee:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$176,530 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101150-00** HCCCB Number : **100004**

Hospital Name (current) : **Madison County Memorial Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.1398491% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$176,530 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$176,530 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$44,133 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0102229-00 HCCCB Number: 100230**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$505,504 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0102229-00** HCCCB Number : **100230**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$505,504 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$505,504 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$126,376 |

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100200-00 HCCCB Number: 100038**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$1,636,308 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100200-00** HCCCB Number : **100038**

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

| | | |
|---|------------------------------|--------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$1,636,308 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$1,636,308 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$409,077 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Mark Bush
CEO
Northwest Florida Community Hospital
P.O. Box 889
Chipley, Florida 32428

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101907-00 HCCCB Number: 100147**

Dear Mr. Bush:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$155,518 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101907-00** HCCCB Number : **100147**

Hospital Name (current) : **Northwest Florida Community Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.7661180% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$155,518 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$155,518 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$38,880 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Mr. Jai Kugaraj
Finance
Regional General Hospital - Williston
P.O. Drawer 550
125 SW 7th Street
Williston, Florida 32696

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101141-00 HCCCB Number: 100139**

Dear Mr. Kugaraj:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$140,312 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101141-00** HCCCB Number : **100139**

Hospital Name (current) : **Regional General Hospital - Williston**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.4956562% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$140,312 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$140,312 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$35,078 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100331-00 HCCCB Number: 100102**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$177,555 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100331-00** HCCCB Number : **100102**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 3.1580725% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$177,555 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$177,555 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$44,389 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0101796-00 HCCCB Number: 100146**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$111,131 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101796-00** HCCCB Number : **100146**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 1.9766339% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$111,131 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$111,131 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$27,783 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100072-00 HCCCB Number: 100103**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$117,838 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100072-00** HCCCB Number : **100103**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | |
| Total to be proportionally distributed to rural hospitals | (D) | \$5,622,242 |
| Your share of rural hospital proportional distributions | (E) | 2.0959278% |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | \$117,838 |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$117,838 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$29,460 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100030-00 HCCCB Number: 100113**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$755,733 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100030-00** HCCCB Number : **100113**

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

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$755,733 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$755,733 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$188,933 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Ms. Robin Gaffney
Director of Reimbursement
St. Petersburg General Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0120103-00 HCCCB Number: 100180**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$492,161 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0120103-00** HCCCB Number : **100180**

Hospital Name (current) : **St. Petersburg General Hospital**

| | | |
|---|------------------------------|------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$492,161 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$492,161 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$123,040 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100994-00 HCCCB Number: 100128**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$1,759,563 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100994-00** HCCCB Number : **100128**

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

| | | |
|---|------------------------------|--------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$1,759,563 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$1,759,563 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$439,891 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Proportional Low Income Pool Payment to Eligible Hospitals
Medicaid Number: 0100676-00 HCCCB Number: 100001**

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 2015-16. This proviso language calls for distribution of proportional amounts to primary care hospitals and rural hospitals.

Payments are made from fixed sums of money. Thus, any adjustments to a proportional amount received by one rural or primary care hospital can affect the amounts received by all other hospitals of the same type.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% of your projected annual amount of \$1,531,166 for state fiscal year 2015-16. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100676-00** HCCCB Number : **100001**

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

| | | |
|---|------------------------------|--------------------|
| Total to be proportionally distributed to primary care hospitals | (A) | |
| Your share of primary care hospital proportional distributions | (B) | .0000000% |
| Annual amount of your proportional primary care hospital distribution | (A x B) = (C) | \$1,531,166 |
| Total to be proportionally distributed to rural hospitals | (D) | |
| Your share of rural hospital proportional distributions | (E) | |
| Annual amount of your proportional rural hospital distribution | (D x E) = (F) | |
| Calculated Total of Proportional annual amounts payable to your hospital [3] | (C + F) = (G) | \$1,531,166 |
| Total of Proportional Low Income Pool Payments previously paid for this fiscal year | (H) | \$ 0 |
| First Proportional Low Income Pool Payment [1] [2] | ((M x .25) - H) = (I) | \$382,792 |

- [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.
- [3] This amount may include adjustments to compensate for cumulative effects of rounding.