



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$90,578
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

Bayfront Health Brooksville
17240 Cortez Blvd.
Brooksville, Florida 34601

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$51,863
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$17,287

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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Medicaid Program Finance

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 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$379,128
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$1,178,994
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$104,642
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$34,880

- [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.
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$154,223
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$51,407

- [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.
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$148,624
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$124,445
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$41,481

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$151,838
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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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 Fourth 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 x 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 x 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)	\$1,361,330
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$453,776

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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.

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Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$128,723
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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 x 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 x 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)	\$74,306
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$24,768

- [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

May 23, 2016

Mr. Cory Domayer
CFO
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164

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

Dear Mr. Domayer:

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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$101,384
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$33,794

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$94,196
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$85,238
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$38,138
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$12,712

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$66,819
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$110,098
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$1,341,717
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$64,364
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$634,260
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$356,767
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$139,250
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$46,416

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$369,121
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$132,398
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$44,132

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$379,128
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$1,227,231
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$116,639
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$38,879

- [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

May 23, 2016

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
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$105,234
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$133,166
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$83,348
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$88,379
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$29,459

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$369,121
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth 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)	\$1,319,672
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

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)	\$1,148,375
Fourth Proportional Low Income Pool Payment [1] [2]	(M - H) = (I)	\$382,791

- [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

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth 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.

The total of this, your fourth scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 100% of your specified 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp
Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Eligible Hospitals

State Fiscal Year 2015 - 2016 Fourth Payment

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

Hospital Name (current) : **UF Health Shands 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)	\$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)	\$566,800
Fourth Proportional Low Income Pool Payment [1] [2]	(M - 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.