



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$200,000 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101516-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$200,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$200,000
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$50,000
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$50,000

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100749-00**

Dear Mr. Faulkner:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$58,418 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100749-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$58,418
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$58,418
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$14,605
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$14,604

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Michael Mayo, FACHE
President
Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, Florida 32207

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100641-00**

Dear Mr. Mayo:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$264,648 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100641-00**

Facility Name (current) : **Baptist Medical Center Jacksonville**

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$264,648
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$264,648
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$66,162
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$66,162

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100064-00**

Dear Mr. Grubbs:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$90,745 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100064-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$90,745
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$90,745
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$22,686
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$22,687

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$18,471 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101567-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$18,471
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$18,471
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$4,618
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$4,618

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Bayfront Health Brooksville
17240 Cortez Blvd.
Brooksville, Florida 34601

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100871-00**

Dear Sir or Madam:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$124,080 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100871-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$124,080
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$124,080
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$31,020
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$31,020

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101401-00**

Dear Mr. Kirk:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$134,104 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101401-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$134,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$134,104
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$33,526
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$33,526

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0118079-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$211,138 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0118079-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$211,138
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$211,138
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$52,785
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$52,784

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120405-00**

Dear Mr. Grossman:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$42,750 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120405-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$42,750
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$42,750
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$10,688
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$10,687

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0108219-00**

Dear Ms. Taylor:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$83,702 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0108219-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$83,702
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$83,702
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$20,926
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$20,925

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 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
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100129-00**

Dear Mr. Glidewell:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$511,798 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100129-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$511,798
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$511,798
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$127,950
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$127,949

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100218-00**

Dear Ms. Grant:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$219,065 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100218-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$219,065
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$219,065
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$54,766
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$54,767

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

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Ms. Sherri Montgomery
CFO
Coral Gables Hospital
P.O. Box 610
Coral Gables, Florida 33134

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0109606-00**

Dear Ms. Montgomery:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$41,320 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0109606-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$41,320
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$41,320
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$10,330
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$10,330

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101290-00**

Dear Mr. Houmann:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$225,327 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101290-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$225,327
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$225,327
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$56,332
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$56,332

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Gulf Coast Medical Center - Panama City
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0117617-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$165,191 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0117617-00**

Facility Name (current) : **Gulf Coast Medical Center - Panama City**

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$165,191
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$165,191
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$41,298
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$41,298

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$65,728 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101842-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$65,728
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$65,728
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$16,432
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$16,432

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101354-00**

Dear Mr. Ohe:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$19,734 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101354-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$19,734
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$19,734
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$4,934
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$4,933

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 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
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0102288-00**

Dear Ms. Mosley:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$74,269 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0102288-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$74,269
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$74,269
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$18,567
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$18,568

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Art West
CFO
Hialeah Hospital
651 E. 25th Street
Hialeah, Florida 33012

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100412-00**

Dear Mr. West:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$251,529 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100412-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$251,529
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$251,529
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$62,882
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$62,883

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Mike Scialdone
System VP of Finance
Holmes Regional Medical Center
3300 Fiske Blvd.
Rockledge, Florida 32955

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100081-00**

Dear Mr. Scialdone:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$99,564 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100081-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$99,564
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$99,564
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$24,891
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$24,891

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 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
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$654,996 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100421-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$654,996
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$654,996
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$163,749
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$163,749

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101460-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$301,435 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101460-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$301,435
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$301,435
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$75,359
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$75,359

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120138-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$244,751 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120138-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$244,751
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$244,751
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$61,188
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$61,188

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101648-00**

Dear Mrs. Thompson:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$174,095 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101648-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$174,095
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$174,095
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$43,524
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$43,524

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$43,515 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0119741-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$43,515
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$43,515
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$10,879
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$10,879

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$3,673 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120057-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$3,673
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$3,673
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$ 918
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$ 919

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0119695-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$254,983 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0119695-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$254,983
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$254,983
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$63,746
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$63,746

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$142,772 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101109-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$142,772
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$142,772
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$35,693
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$35,693

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Ronald Brown
CFO
Lower Keys Medical Center
1200 Kennedy Drive
Key West, Florida 33040

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101192-00**

Dear Mr. Brown:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$73,506 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101192-00**

Facility Name (current) : **Lower Keys Medical Center**

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$73,506
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$73,506
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$18,377
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$18,376

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101168-00**

Dear Mr. Tierney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$94,286 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101168-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$94,286
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$94,286
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$23,572
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$23,571

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0102229-00**

Dear Mr. Sacco:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$80,305 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0102229-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$80,305
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$80,305
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$20,076
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$20,077

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,382,460 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100200-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$1,382,460
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$1,382,460
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$345,615
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$345,615

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101583-00**

Dear Mr. Hoce:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$281,521 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101583-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$281,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$281,521
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$70,380
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$70,381

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$180,327 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100463-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$180,327
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$180,327
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$45,082
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$45,082

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100315-00**

Dear Ms. Hale:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$144,071 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100315-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$144,071
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$144,071
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$36,018
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$36,018

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$200,000 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100609-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$200,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$200,000
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$50,000
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$50,000

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Manny Linares
CEO
North Shore Medical Center
1100 N.W. 95th Street
Miami, Florida 33150-2098

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100498-00**

Dear Mr. Linares:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$89,269 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100498-00**

Facility Name (current) : **North Shore Medical Center**

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$89,269
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$89,269
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$22,317
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$22,318

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0115193-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$103,184 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0115193-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$103,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$103,184
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$25,796
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$25,796

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101389-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$180,741 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101389-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$180,741
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$180,741
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$45,185
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$45,186

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Hopeton English
Controller
Palmetto General Hospital
2001 West 68th St.
Hialeah, Florida 33016

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0104604-00**

Dear Mr. English:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$296,451 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0104604-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$296,451
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$296,451
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$74,113
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$74,113

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$232,180 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120260-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$232,180
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$232,180
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$58,045
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$58,045

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Irfan Mirza
CFO
Plantation General Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120006-00**

Dear Mr. Mirza:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$222,852 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120006-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$222,852
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$222,852
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$55,713
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$55,713

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$163,302 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100765-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$163,302
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$163,302
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$40,826
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$40,825

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100986-00**

Dear Mr. Nierman:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$17,064 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100986-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$17,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$17,064
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$4,266
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$4,266

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120227-00**

Dear Mr. Ulbricht:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$16,339 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120227-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$16,339
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$16,339
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$4,085
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$4,085

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$480,156 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101486-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$480,156
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$480,156
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$120,039
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$120,039

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100978-00**

Dear Mr. Tremonti:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,019,109 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100978-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$1,019,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$1,019,109
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$254,777
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$254,778

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 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
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120103-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$90,189 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120103-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$90,189
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$90,189
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$22,547
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$22,548

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Mr. Donnie L. Romine
COO
Saint Vincent's Medical Center Riverside
1 Shircliff Way
Jacksonville, Florida 32204

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100731-00**

Dear Mr. Romine:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$170,918 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100731-00**

Facility Name (current) : **Saint Vincent's Medical Center Riverside**

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$170,918
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$170,918
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$42,730
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$42,729

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0119971-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$104,347 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0119971-00**

Facility Name (current) : **St. Lucie Medical Center**

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$104,347
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$104,347
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$26,087
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$26,087

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$156,095 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101133-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$156,095
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$156,095
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$39,024
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$39,024

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 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
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100994-00**

Dear Mr. Short:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$401,287 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100994-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$401,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$401,287
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$100,322
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$100,322

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$206,187 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100676-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$206,187
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$206,187
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$51,547
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$51,547

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$2,086,660 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100030-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$2,086,660
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$2,086,660
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$521,665
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$521,665

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0100366-00**

Dear Ms. Howard:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$19,635 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Low Income Pool (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100366-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$19,635
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$19,635
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$4,909
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$4,909

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0102130-00**

Dear Mr. Paul:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$21,108 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0102130-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$21,108
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$21,108
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$5,277
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$5,277

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0120308-00**

Dear Ms. Gaffney:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$79,786 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120308-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$79,786
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$79,786
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$19,947
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$19,946

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payment Quality Add On.
Medicaid Number: 0101699-00**

Dear Mr. Anastasio:

Your facility has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of funds to hospitals eligible for Quality Add On, the amounts and recipient providers being determined by the Agency for Health Care Administration.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$41,139 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the 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 (LIP) Payments for Quality Add On

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101699-00**

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

Explicit annual Quality Add On Low Income Pool Payment to your facility	(A)	\$41,139
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Quality Add On Low Income Pool Payments	(A - B) = (C)	\$41,139
Total of your "Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$10,285
Your second Quality Add On Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$10,285

[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.