



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$200,000</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$150,000
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$50,000</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$58,418</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$43,814
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$14,604</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$264,648</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$198,486
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$66,162</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	(A - B) = (C)	\$90,745
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$68,059
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	(C - D) = (E)	<b>\$22,686</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$18,471</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$13,853
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$4,618</b>

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

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ELIZABETH DUDEK  
SECRETARY

May 26, 2016

Bayfront Health Brooksville  
17240 Cortez Blvd.  
Brooksville, Florida 34601

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$124,080</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$93,060
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$31,020</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$134,104</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$100,578
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$33,526</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$211,138</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$158,354
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$52,784</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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

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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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$42,750</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$32,063
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$10,687</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$83,702</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$62,777
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$20,925</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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

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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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$511,798</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$383,849
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$127,949</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$219,065</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$164,299
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$54,766</b>

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$41,320</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$30,990
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$10,330</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$225,327</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$168,995
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$56,332</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$165,191</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$123,893
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$41,298</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$65,728</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$49,296
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$16,432</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$19,734</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$14,801
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$4,933</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$74,269</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$55,702
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$18,567</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$251,529</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$188,647
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$62,882</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$99,564</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$74,673
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$24,891</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$654,996</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$491,247
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$163,749</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$301,435</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$226,076
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$75,359</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$244,751</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$183,563
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$61,188</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$174,095</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$130,571
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$43,524</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$43,515</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$32,636
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$10,879</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$254,983</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$191,237
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$63,746</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$142,772</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$107,079
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$35,693</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$73,506</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$55,130
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$18,376</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$94,286</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$70,715
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$23,571</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$80,305</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$60,229
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$20,076</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,382,460</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$1,036,845
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$345,615</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$281,521</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$211,141
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$70,380</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$180,327</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$135,245
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$45,082</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$144,071</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$108,053
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$36,018</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$200,000</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$150,000
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$50,000</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$89,269</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$66,952
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$22,317</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$103,184</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$77,388
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$25,796</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$180,741</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$135,556
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$45,185</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$296,451</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$222,338
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$74,113</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$232,180</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$174,135
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$58,045</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$222,852</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$167,139
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$55,713</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$163,302</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$122,477
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$40,825</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$17,064</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$12,798
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$4,266</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$16,339</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$12,254
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$4,085</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$480,156</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$360,117
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$120,039</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,019,109</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$764,332
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$254,777</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$90,189</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$67,642
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$22,547</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$170,918</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$128,189
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$42,729</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$104,347</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$78,260
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$26,087</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$156,095</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$117,071
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$39,024</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$401,287</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$300,965
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$100,322</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$206,187</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$154,640
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$51,547</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



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

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,086,660</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$1,564,995
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$521,665</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 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  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$19,635</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$14,726
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$4,909</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$21,108</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$15,831
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$5,277</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$79,786</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$59,840
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$19,946</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 26, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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,

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 Fourth 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
<b>Total of your facility's annual Quality Add On Low Income Pool Payments</b>	<b>(A - B) = (C)</b>	<b>\$41,139</b>
Total of your " Quality Add On LIP" Payments previously paid in this fiscal year	(D)	\$30,854
<b>Your fourth Quality Add On Low Income Pool Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$10,285</b>

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

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