



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101516-00 HCCCB Number: 103300**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$4,284,866 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101516-00** HCCCB Number : **103300**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$4,284,866
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$4,284,866
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$1,071,217
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$1,071,216

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100749-00 HCCCB Number: 100093**

Dear Mr. Faulkner:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$278,919 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100749-00** HCCCB Number : **100093**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$278,919
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$278,919
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$69,730
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$69,730

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101567-00 HCCCB Number: 100032**

Dear Ms. Gillette:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$126,156 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,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101567-00** HCCCB Number : **100032**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$126,156
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$126,156
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$31,539
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$31,539

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100129-00 HCCCB Number: 100039**

Dear Mr. Glidewell:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$125,553 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$125,553
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$125,553
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$31,388
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$31,389

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101290-00 HCCCB Number: 100007**

Dear Mr. Houmann:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$35,949 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

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101290-00** HCCCB Number : **100007**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$35,949
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$35,949
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$8,987
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$8,988

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

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100421-00 HCCCB Number: 100022**

Dear Mr. Migoya:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$1,833,140 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$1,833,140
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$1,833,140
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$458,285
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$458,285

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101109-00 HCCCB Number: 100012**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$768,488 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101109-00** HCCCB Number : **100012**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$768,488
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$768,488
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$192,122
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$192,122

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100463-00 HCCCB Number: 100034**

Dear Mr. Sonenreich:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$5,921,885 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100463-00** HCCCB Number : **100034**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$5,921,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$5,921,885
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$2,960,943

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100315-00 HCCCB Number: 100018**

Dear Ms. Hale:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$3,139,058 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100315-00** HCCCB Number : **100018**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$3,139,058
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$3,139,058
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$784,765
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$784,764

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100609-00 HCCCB Number: 110199**

Dear Mr. Birkenstock:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$3,477,282 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100609-00** HCCCB Number : **110199**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$3,477,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$3,477,282
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$869,321
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$869,320

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

Mr. Michael B. Sitowitz
Controller
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100102-00 HCCCB Number: 100028**

Dear Mr. Sitowitz:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$1,465,256 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100102-00** HCCCB Number : **100028**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$1,465,256
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$1,465,256
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$366,314
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$366,314

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0120006-00 HCCCB Number: 100167**

Dear Mr. Mirza:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$910,525 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120006-00** HCCCB Number : **100167**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$910,525
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$910,525
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$227,631
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$227,632

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100765-00 HCCCB Number: 100025**

Dear Mr. Stovall:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$2,206,590 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100765-00** HCCCB Number : **100025**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$2,206,590
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$2,206,590
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$551,648
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$551,647

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100331-00 HCCCB Number: 100102**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$137,059 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$137,059
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$137,059
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$34,265
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$34,265

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101796-00 HCCCB Number: 100146**

Dear Ms. Dang:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$137,058 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$137,058
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$137,058
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$34,265
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$34,264

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100072-00 HCCCB Number: 100103**

Dear Mr. Burish:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$137,058 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$137,058
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$137,058
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$34,265
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$34,264

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0120227-00 HCCCB Number: 100067**

Dear Mr. Ulbricht:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$1,400,000 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,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0120227-00** HCCCB Number : **100067**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$1,400,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$1,400,000
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$350,000
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$350,000

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100978-00 HCCCB Number: 100075

Dear Mr. Tremonti:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$13,736 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0100978-00** HCCCB Number : **100075**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$13,736
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$13,736
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$3,434
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$3,434

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101486-00 HCCCB Number: 100010**

Dear Mr. Schlemmer:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$169,660 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101486-00** HCCCB Number : **100010**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$169,660
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$169,660
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$42,415
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$42,415

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101133-00 HCCCB Number: 100135**

Dear Mr. O'Bryant:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$35,511 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101133-00** HCCCB Number : **100135**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$35,511
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$35,511
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$8,878
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$8,878

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100994-00 HCCCB Number: 100128**

Dear Mr. Short:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$11,763,123 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$11,763,123
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$11,763,123
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$2,940,781
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$2,940,781

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100676-00 HCCCB Number: 100001**

Dear Mr. Armistead:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$30,781,428 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$30,781,428
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$30,781,428
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$7,695,357
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$7,695,357

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0100030-00 HCCCB Number: 100113**

Dear Mr. Goldfarb:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$2,656,303 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

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

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$2,656,303
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$2,656,303
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$664,076
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$664,076

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Low Income Pool Payments to designated "Safety Net" hospitals
Medicaid Number: 0101699-00 HCCCB Number: 100052**

Dear Mr. Anastasio:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to hospitals which serve as a safety net in providing emergency and inpatient care to low-income and indigent individuals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount of \$1,074,923 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 Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number : **0101699-00** HCCCB Number : **100052**

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

Explicit annual Low Income Pool Payment to you as a “Safety Net” hospital	(A)	\$1,074,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Safety Net Low Income Pool Payments	(A – B) = (C)	\$1,074,923
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$268,731
Second Safety Net Low Income Pool Payment [1] [2]	((C x .50) - D) = (E)	\$268,731

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