



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 5, 2015

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  
First 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.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$4,284,866
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$1,071,217</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$278,919
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$69,730</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool Payments to designated "Safety Net" hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A - B) = (C)	\$126,156
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$31,539</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	<b>(A – B) = (C)</b>	<b>\$125,553</b>
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$31,388</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$35,949
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$8,987</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$1,833,140
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$458,285</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.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	<b>(A – B) = (C)</b>	<b>\$768,488</b>
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$192,122</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,139,058</b>
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$784,765</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

November 5, 2015

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  
First 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.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$3,477,282
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$869,321</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$1,465,256
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$366,314</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool Payments to designated "Safety Net" hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A - B) = (C)	\$910,525
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$227,631</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

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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 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$2,206,590
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$551,648</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$137,059
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$34,265</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$137,058
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$34,265</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$137,058
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$34,265</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool Payments to designated "Safety Net" hospitals

State Fiscal Year 2015 - 2016 First Payment

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

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

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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A - B) = (C)	\$2,656,303
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$664,076</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

November 5, 2015

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  
First 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.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$1,400,000
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$350,000</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

November 5, 2015

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  
First 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.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$13,736
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$3,434</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$169,660
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$42,415</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	<b>(A – B) = (C)</b>	<b>\$35,511</b>
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$8,878</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$11,763,123
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$2,940,781</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First Payment

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

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

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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$30,781,428
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$7,695,357</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

November 5, 2015

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

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

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW/rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool Payments to designated “Safety Net” hospitals

State Fiscal Year 2015 - 2016 First 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
<b>Projected total of annual Safety Net Low Income Pool Payments</b>	(A – B) = (C)	\$1,074,923
Total of Safety Net Low Income Pool Payments previously paid for this fiscal year	(D)	\$ 0
<b>First Safety Net Low Income Pool Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$268,731</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.