



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0120375-00 HCCCB Number: 100131**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

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 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0120375-00** HCCCB Number : **100131**

Hospital Name (current) : **Aventura Hospital and Medical Center**

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0100064-00 HCCCB Number: 100026**

Dear Mr. Grubbs:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

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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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100064-00** HCCCB Number : **100026**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

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

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0110213-00 HCCCB Number: 100213**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0110213-00** HCCCB Number : **100213**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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.

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Medicaid Program Finance

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 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0100218-00 HCCCB Number: 100086**

Dear Ms. Grant:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

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 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100218-00** HCCCB Number : **100086**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0101788-00 HCCCB Number: 100161**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

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 Agency for Health Care Administration
 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101788-00** HCCCB Number : **100161**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Mr. Mark Bryan
CFO
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0120090-00 HCCCB Number: 100258**

Dear Mr. Bryan:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$438,490 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.

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

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 Medicaid Program Finance

Low Income Pool Payments to Designated Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0120090-00** HCCCB Number : **100258**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	\$1,753,963
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	4
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	\$438,490
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$438,490
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$438,490
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$328,868
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$109,622

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0101842-00 HCCCB Number: 100017**

Dear Mr. Feasel:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101842-00** HCCCB Number : **100017**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0100081-00 HCCCB Number: 100019**

Dear Mr. Scialdone:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100081-00** HCCCB Number : **100019**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0120138-00 HCCCB Number: 100209**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0120138-00** HCCCB Number : **100209**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0101648-00 HCCCB Number: 100157**

Dear Mrs. Thompson:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101648-00** HCCCB Number : **100157**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0119695-00 HCCCB Number: 100246**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0119695-00** HCCCB Number : **100246**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0100200-00 HCCCB Number: 100038**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100200-00** HCCCB Number : **100038**

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0109886-00 HCCCB Number: 100212**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0109886-00** HCCCB Number : **100212**

Hospital Name (current) : **Ocala Regional Medical Center**

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Mr. John Gaspelin
Director of Finance
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0101338-00 HCCCB Number: 100006**

Dear Mr. Gaspelin:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101338-00** HCCCB Number : **100006**

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0101389-00 HCCCB Number: 100110**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101389-00** HCCCB Number : **100110**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0119881-00 HCCCB Number: 100256**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of specific amounts to designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0119881-00** HCCCB Number : **100256**

Hospital Name (current) : **Regional Medical Center at Bayonet Point**

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$438,490 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	\$1,753,963
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	4
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	\$438,490
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$438,490
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$438,490
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$328,868
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$109,622

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Ms. Janet Krail
Sarasota Memorial Hospital
1700 S. Tamiami Trail
Sarasota, Florida 34239

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
Medicaid Number: 0101761-00 HCCCB Number: 100087**

Dear Ms. Krail:

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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101761-00** HCCCB Number : **100087**

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$438,490 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	\$1,753,963
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	4
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	\$438,490
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$438,490
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$438,490
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$328,868
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$109,622

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$438,490 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	\$1,753,963
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	4
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	\$438,490
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$438,490
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$438,490
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$328,868
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$109,622

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$206,266 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	
Number of designated level 1 trauma centers	(B)	
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	\$4,125,321
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	20
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	\$206,266
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$206,266
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$206,266
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$154,700
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$51,566

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Low Income Pool Payment to Designated Trauma Centers.
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 designated or provisional trauma centers, based on each center's classification as a level I, level II or pediatric trauma center.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your specified annual amount of \$538,924 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 Trauma Centers

State Fiscal Year 2015 - 2016 Fourth Payment

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

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

Total to be equally distributed to level 1 trauma centers	(A)	\$3,772,467
Number of designated level 1 trauma centers	(B)	7
Your annual share of Level 1 trauma center distributions	(A / B) = (C)	\$538,924
Total to be equally distributed to either level 2 <u>or</u> Pediatric trauma centers	(D)	
Number of trauma centers designated level 2 <u>or</u> Pediatric, but not both	(E)	
Your annual share of Level 2 <u>or</u> Ped. trauma center distributions	(D / E) = (F)	
Total to be equally distributed to combined level 2 <u>and</u> Pediatric trauma centers	(G)	
Number of trauma centers designated as BOTH level 2 <u>and</u> Pediatric	(H)	
Your annual share of Level 2 <u>and</u> Pediatric trauma center distributions	(G / H) = (I)	
Total of annual amounts payable to your hospital as a trauma center	(C + F + I) = (J)	\$538,924
Amount being withheld from distribution in anticipation of funding reductions	(K)	\$ 0
Total of annual Trauma Center Low Income Pool Payments	(J - K) = (L)	\$538,924
Total of Trauma Center Low Income Pool Payments previously paid for this fiscal year	(M)	\$404,193
Fourth Trauma Center Low Income Pool Payment [1] [2]	(L - M) = (N)	\$134,731

[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.