



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Al Allred  
CFO  
Bert Fish Medical Center  
401 Palmetto Street  
P.O. Box 1350  
New Smyrna Beach, Florida 32170-1350

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101834-00**

Dear Mr. Allred:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$3,814,567 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101834-00**

Facility Name (current) : **Bert Fish Medical Center**

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$3,814,567        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$3,814,567        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$3,814,567</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Alex Fernandez  
CEO  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100129-00**

Dear Mr. Fernandez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$36,564,512 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100129-00**

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

|   |               |                     |
|---|---------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$36,564,512        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$36,564,512        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$36,564,512</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100218-00**

Dear Ms. Grant:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$15,529,317 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100218-00**

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

|   |               |                     |
|---|---------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$15,529,317        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$15,529,317        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$15,529,317</b> |

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Vincent A. Sica  
President / CEO  
DeSoto Memorial Hospital  
900 N. Robert Avenue  
P.O. Box 2180  
Arcadia, Florida 34266

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101923-00**

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,907,808 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101923-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$1,907,808        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,907,808</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$1,907,808</b> |

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mrs. JoAnn Baker  
Administrator  
Doctors Memorial Hospital  
P.O. Box 188  
2600 Hospital Dr  
Bonifay, Florida 32425

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101036-00**

Dear Mrs. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$546,196 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101036-00**

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

|   |                      |                  |
|---|----------------------|------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$546,196        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0             |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$546,196</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0             |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$546,196</b> |

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Steve Dudley  
CFO  
Ed Fraser Memorial Hospital  
159 North Third Street  
Macclenny, Florida 32063

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100048-00**

Dear Mr. Dudley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,256,327 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100048-00**

Facility Name (current) : **Ed Fraser Memorial Hospital**

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$1,256,327        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$1,256,327        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$1,256,327</b> |

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Dima V Didenko  
CFO  
Florida Hospital - Wauchula  
4200 Sun N Lake Blvd  
PO Box 9400  
Sebring, Florida 33871-9400

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0102601-00**

Dear Mr. Didenko:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$990,247 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0102601-00**

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

|   |               |                  |
|---|---------------|------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$990,247        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0             |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$990,247        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0             |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$990,247</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Ms. Kim Davis  
CFO  
George E. Weems Memorial Hospital  
135 Avenue G  
Apalachicola, Florida 32329

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100803-00**

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$803,645 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100803-00**

Facility Name (current) : **George E. Weems Memorial Hospital**

|   |                      |                  |
|---|----------------------|------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$803,645        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0             |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$803,645</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0             |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$803,645</b> |

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Ms. Lori Bedard  
CEO  
Healthsouth Rehab. Of Spring Hill  
12440 Cortez Boulevard  
Brooksville, Florida 34613

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0103551-00**

Dear Ms. Bedard:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$268,472 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0103551-00**

Facility Name (current) : **Healthsouth Rehab. Of Spring Hill**

|   |                      |                  |
|---|----------------------|------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$268,472        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0             |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$268,472</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0             |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$268,472</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Michael Kissner  
CEO  
HealthSouth Rehab. Hospital Treas Coast  
1600 37th St.  
Vero Beach, Florida 32960

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0120341-00**

Dear Mr. Kissner:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$288,026 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0120341-00**

Facility Name (current) : **HealthSouth Rehab. Hospital Treas Coast**

|   |               |                  |
|---|---------------|------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$288,026        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0             |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$288,026        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0             |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$288,026</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Lynn W Beasley  
CEO  
Hendry Regional Medical Center  
500 W. Sugarland Highway  
Clewiston, Florida 33440

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100862-00**

Dear Mr. Beasley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,691,643 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100862-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$1,691,643        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,691,643</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$1,691,643</b> |

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. William M. Duquette  
CEO  
Homestead Hospital  
975 Baptist Way  
Homestead, Florida 33033

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0102261-00**

Dear Mr. Duquette:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$24,240,795 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0102261-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$24,240,795        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$24,240,795</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$24,240,795</b> |

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 23, 2017

Mr. Jeffrey L Susi  
CEO  
Indian River Medical Center  
1000 36th Street  
Vero Beach, Florida 32960

**RE: State Fiscal Year 2016 - 2017  
First Scheduled Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101044-00**

Dear Mr. Susi:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 35% (rounded) of your specified annual amount \$6,654,494 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Twelfth Payment

Medicaid Number : **0101044-00**

Facility Name (current) : **Indian River Medical Center**

|   |                    |
|---|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | \$6,654,494        |
| Amount being withheld from distribution in anticipation of funding reductions | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>\$6,654,494</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | \$ 0               |
| <b>Your first Scheduled LIP Tier 1 Payment [1] [2]</b>                        | <b>\$2,361,858</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Carlos Migoya  
President / CEO  
Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
West Wing, Suite 117  
Miami, Florida 33136

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$107,395,764 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100421-00**

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

|   |                      |                      |
|---|----------------------|----------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$107,395,764        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                 |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$107,395,764</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                 |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$107,395,764</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Ms. Pamela B. Howard  
Hospital Administrator  
Lake Butler Hospital  
850 East Main St.  
P.O.Box 748  
Lake Butler, Florida 32054

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0108227-00**

Dear Ms. Howard:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,261,802 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0108227-00**

Facility Name (current) : **Lake Butler Hospital**

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$1,261,802        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$1,261,802        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$1,261,802</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 23, 2017

Mr. Donald Henderson  
CEO  
Leesburg Regional Medical Center  
600 East Dixie Ave.  
Leesburg, Florida 34748

**RE: State Fiscal Year 2016 - 2017  
First Scheduled Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101079-00**

Dear Mr. Henderson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 51% (rounded) of your specified annual amount \$8,876,195 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 First Payment

Medicaid Number : **0101079-00**

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

|   |                    |
|---|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | \$6,654,494        |
| Amount being withheld from distribution in anticipation of funding reductions | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | \$6,654,494        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | \$ 0               |
| <b>Your first Scheduled LIP Tier 1 Payment [1] [2]</b>                        | <b>\$4,484,778</b> |

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Rick Freeburg  
CEO  
Mariners Hospital  
91500 Overseas Hwy.  
Tavernier, Florida 33070

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101214-00**

Dear Mr. Freeburg:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$4,295,965 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101214-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$4,295,965        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$4,295,965</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$4,295,965</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0102229-00**

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$12,548,007 for state fiscal year 2016 - 2017. The formula 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 T. K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0102229-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$12,548,007        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$12,548,007</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$12,548,007</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$62,116,275 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100200-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$62,116,275        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$62,116,275</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$62,116,275</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Michael Yungman  
President  
Morton Plant North Bay Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0101508-00**

Dear Mr. Yungman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$10,356,777 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101508-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$10,356,777        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$10,356,777</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$10,356,777</b> |

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Brian Bodi  
Director of Reimbursement  
Palm Bay Hospital  
3300 Fiske Blvd  
Rockledge, Florida 32955

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0032975-00**

Dear Mr. Bodi:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$7,177,735 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0032975-00**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$7,177,735        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$7,177,735        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$7,177,735</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 23, 2017

Mr. Roger Hall  
President  
Sacred Heart Hospital on the Gulf  
3801 E. Highway 98  
Port St. Joe, Florida 32456

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0020127-00**

Dear Mr. Hall:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your payment represents 100% (rounded) of your specified annual amount \$1,153,797 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0020127-00**

Facility Name (current) : **Sacred Heart Hospital on the Gulf**

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$1,153,797        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$1,153,797        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your Annual Scheduled LIP Tier 1 Payment [1] [2]</b>                       | (C - D) = (E) | <b>\$1,153,797</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Ms. Alice F. Yelvington  
CEO  
Shriners Hospital for Children - Tampa  
12502 USF Pine Drive  
Tampa, Florida 33612-9411

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0025766-00**

Dear Ms. Yelvington:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,382,765 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0025766-00**

Facility Name (current) : **Shriners Hospital for Children - Tampa**

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$1,382,765        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$1,382,765        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$1,382,765</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

Mr. Stephen Nierman  
COO  
South Florida Baptist Hospital  
2995 Drew St.  
Clearwater, Florida 33795

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100986-00**

Dear Mr. Nierman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$7,965,214 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100986-00**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$7,965,214        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$7,965,214        |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$ 0               |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | (C - D) = (E) | <b>\$7,965,214</b> |

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$70,191,719 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100676-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$70,191,719        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$70,191,719</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$70,191,719</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 22, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$63,152,642 for state fiscal year 2016 - 2017. The formula 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 T. K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100030-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)                  | \$63,152,642        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | <b>(A - B) = (C)</b> | <b>\$63,152,642</b> |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your twelfth Scheduled LIP Tier 1 Payment [1] [2]</b>                      | <b>(C - D) = (E)</b> | <b>\$63,152,642</b> |

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

May 15, 2017

Mr. William Ulbricht  
President  
St. Anthony's Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017  
Fourth Scheduled Low Income Pool (LIP) Tier 1 Payment.  
Medicaid Number: 0120227-00**

Dear Mr. Ulbricht:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your fourth scheduled payment represents 100% (rounded) of your specified annual amount \$15,088,406 for state fiscal year 2016 - 2017. The formula 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 1

State Fiscal Year 2016 - 2017 Fourth Payment

Medicaid Number : **0120227-00**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual LIP Tier 1 distribution to your facility                               | (A)           | \$15,088,406       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$ 0               |
| <b>Projected total of your facility's annual LIP Tier 1 Payments</b>          | (A - B) = (C) | \$15,088,406       |
| Total of your "LIP Tier 1" Payments previously paid in this fiscal year       | (D)           | \$11,316,305       |
| <b>Your Fourth Scheduled LIP Tier 1 Payment [1] [2]</b>                       | (C - D) = (E) | <b>\$3,772,101</b> |

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

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