



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

April 10, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 2 Payment.  
Medicaid Number: 0100412-00**

Dear Mr. West:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2016 - 2017. This proviso language calls for payments to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your annual scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$3,527,147 for state fiscal year 2016 - 2017. 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 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 2

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0100412-00

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

Annual LIP Tier 2 Payment to your facility	(A)	\$3,527,147
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 2 Payments</b>	(A - B) = (C)	\$ 0
Total of your "LIP Tier 2" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 2 Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,527,147</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  
INTERIM SECRETARY

April 10, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 2 Payment.  
Medicaid Number: 0100994-00**

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 2016 - 2017. This proviso language calls for payments to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your annual scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$52,622,670 for state fiscal year 2016 - 2017. 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 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 2

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100994-00**

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

Annual LIP Tier 2 Payment to your facility	(A)	\$52,622,670
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 2 Payments</b>	<b>(A - B) = (C)</b>	<b>\$ 0</b>
Total of your "LIP Tier 2" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 2 Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$52,622,670</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. Lance W. Anastasio  
Hospital Administrator  
Winter Haven Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 2 Payment.  
Medicaid Number: 0101699-00**

Dear Mr. Anastasio:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2016 - 2017. This proviso language calls for payments to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your annual scheduled payment (enclosed if not electronically transferred), represents 100% (rounded) of your specified annual amount \$8,478,263 for state fiscal year 2016 - 2017. 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 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 2

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101699-00**

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

Annual LIP Tier 2 Payment to your facility	(A)	\$8,478,263
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 2 Payments</b>	(A - B) = (C)	\$8,487,263
Total of your "LIP Tier 2" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 2 Payment [1] [2]</b>	(C - D) = (E)	<b>\$8,478,263</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.