



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Ms. Sharon Jones  
Reimbursement Manager  
Ann Bates Leach Eye Hospital  
1475 NW 12th Ave  
Miami, Florida 33136

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 011648300**

Dear Ms. Jones:

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 annual scheduled payment represents 100% of your specified annual amount \$509,489 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11648300**

Facility Name (current) : **Ann Bates Leach Eye Hospital**

Annual LIP Tier 3 distribution to your facility	(A)	\$509,489
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$509,489
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$509,489</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

June 8, 2017

Ms. Alys Sams  
Controller  
Calhoun Liberty Hospital  
20370 NE Burns Avenue  
Blountstown, Florida 32424

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010026900**

Dear Ms. Sams:

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 annual scheduled payment represents 100% of your specified annual amount \$12,795 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. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10026900**

Facility Name (current) : **Calhoun Liberty Hospital**

Annual LIP Tier 3 distribution to your facility	(A)	\$12,795
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$12,795
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$12,795</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

June 8, 2017

Mr. Leonard Shaffer  
Reimbursement Specialist  
Cape Canaveral Hospital  
3300 Fiske Blvd  
Rockledge, Florida 32955

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010009900**

Dear Mr. Shaffer:

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 annual scheduled payment represents 100% of your specified annual amount \$504,474 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.

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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 (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10009900**

Facility Name (current) : **Cape Canaveral Hospital**

Annual LIP Tier 3 distribution to your facility	(A)	\$504,474
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$504,474
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$504,474</b>

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Yuriy Kukin  
Senior Reimbursement Specialist  
Cape Coral Hospital  
636 Del Prado Blvd  
Cape Coral, Florida 33990

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 011971700**

Dear Mr. Kukin:

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 annual scheduled payment represents 100% of your specified annual amount \$700,242 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.

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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 (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11971700**

Facility Name (current) : **Cape Coral Hospital**

Annual LIP Tier 3 distribution to your facility	(A)	\$700,242
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$700,242
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$700,242</b>

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RICK SCOTT  
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JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Drew Grossman  
CEO  
Broward Health Coral Springs  
3000 Coral Hills Drive  
Coral Springs, Florida 33065

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 012040500**

Dear Mr. Grossman:

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 annual scheduled payment represents 100% of your specified annual amount \$769,428 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.

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Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual LIP Tier 3 distribution to your facility	(A)	\$769,428
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$769,428
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$769,428</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Douglas Faircloth  
CFO  
Doctors' Memorial Hospital  
333 N. Byron Butler Parkway  
Perry, Florida 32347

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010180000**

Dear Mr. Faircloth:

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 annual scheduled payment represents 100% of your specified annual amount \$76,653 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.

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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 (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10180000**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$76,653
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$76,653
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$76,653</b>

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JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Joseph Gordy  
CEO  
Flagler Hospital  
400 Health Park Blvd.  
St. Augustine, Florida 32086

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010171100**

Dear Mr. Gordy:

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 annual scheduled payment represents 100% of your specified annual amount \$656,731 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.

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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 (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10171100**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$656,731
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$656,731
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$656,731</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Asrar Sheikh  
Senior Reimbursement Analyst  
Florida Hospital  
550 East Rollins Street  
Orlando, Florida 32803

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010129000**

Dear Mr. Sheikh:

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 annual scheduled payment represents 100% of your specified annual amount \$17,001,075 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

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10129000**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$17,001,075
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$17,001,075
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$17,001,075</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Ms. Lisa Heisler  
Controller  
Florida Hospital Fish Memorial  
1055 Saxon Blvd.  
Orange City, Florida 32763

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010182600**

Dear Ms. Heisler:

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 annual scheduled payment represents 100% of your specified annual amount \$434,491 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,

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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 (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10182600**

Facility Name (current) : **Florida Hospital Fish Memorial**

Annual LIP Tier 3 distribution to your facility	(A)	\$434,491
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$434,491
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$434,491</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Todd Goodman  
CEO  
Florida Hospital Heartland  
4200 Sun'n Lake Blvd  
Sebring, Florida 33871

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010090100**

Dear Mr. Goodman:

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 annual scheduled payment represents 100% of your specified annual amount \$441,942 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,

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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 (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10090100**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$441,942
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$441,942
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$441,942</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Donald Welch  
CFO  
Florida Hospital Zephyrhills  
7050 Gall Boulevard  
Zephyrhills, Florida 33541

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010149400**

Dear Mr. Welch:

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 annual scheduled payment represents 100% of your specified annual amount \$540,737 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,

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Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10149400**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$540,737
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$540,737
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$540,737</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Greg Ohe  
President  
Health Central  
10000 West Colonial Drive  
Ocoee, Florida 34761

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010135400**

Dear Mr. Ohe:

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 annual scheduled payment represents 100% of your specified annual amount \$720,192 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.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10135400**

Facility Name (current) : **Health Central**

Annual LIP Tier 3 distribution to your facility	(A)	\$720,192
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$720,192
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$720,192</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010008100**

Dear Mr. Scialdone:

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 annual scheduled payment represents 100% of your specified annual amount \$2,106,410 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.

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Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10008100**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$2,106,410
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$2,106,410
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,106,410</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Kevin Rovito  
CFO  
Jackson Hospital  
4250 Hospital Drive  
Marianna, Florida 32447

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010106100**

Dear Mr. Rovito:

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 annual scheduled payment represents 100% of your specified annual amount \$217,086 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.

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Tier 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10106100**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$217,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$217,086
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$217,086</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

June 8, 2017

Mr. John Kellner  
Director of Reimbursement  
Jay Hospital  
14114 Alabama Street  
Jay, Florida 32565

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010173700**

Dear Mr. Kellner:

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 annual scheduled payment represents 100% of your specified annual amount \$32,049 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10173700**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$32,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A – B) = (C)	\$32,049
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C – D) = (E)	<b>\$32,049</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

June 8, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010164800**

Dear Mrs. Thompson:

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 annual scheduled payment represents 100% of your specified annual amount \$2,747,150 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10164800**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$2,747,150
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$2,747,150
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,747,150</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

June 8, 2017

Mr. Kris Hoce  
Hospital Administrator  
Morton F. Plant Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010158300**

Dear Mr. Hoce:

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 annual scheduled payment represents 100% of your specified annual amount \$1,784,165 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10158300**

Facility Name (current) : **Morton F. Plant Hospital**

Annual LIP Tier 3 distribution to your facility	(A)	\$1,784,165
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$1,784,165
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,784,165</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

June 8, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010031500**

Dear Ms. Hale:

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 annual scheduled payment represents 100% of your specified annual amount \$1,682,087 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10031500**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$1,682,087
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$1,682,087
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,682,087</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

June 8, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Putnam Community Medical Center  
P.O. Drawer 778  
Palatka, Florida 32178

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 011351400**

Dear Ms. Gaffney:

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 annual scheduled payment represents 100% of your specified annual amount \$133,845 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11351400**

Facility Name (current) : **Putnam Community Medical Center**

Annual LIP Tier 3 distribution to your facility	(A)	\$133,845
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$133,845
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$133,845</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

June 8, 2017

Mr. Gary Davis  
CFO  
Shands Lake Shore Regional Medical Center  
368 N.E. Franklin St.  
Lake City, Florida 32055

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010033100**

Dear Mr. 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 annual scheduled payment represents 100% of your specified annual amount \$134,774 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Cen**

Annual LIP Tier 3 distribution to your facility	(A)	\$134,774
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$134,774
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$134,774</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

June 8, 2017

Mr. Carl Tremonti  
CFO  
St. Joseph's Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010097800**

Dear Mr. Tremonti:

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 annual scheduled payment represents 100% of your specified annual amount \$4,007,781 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10097800**

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

Annual LIP Tier 3 distribution to your facility	(A)	\$4,007,781
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$4,007,781
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,007,781</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 8, 2017

Mr. Larry Brunn  
Accounts Director  
The Villages Regional Hospital  
1451 El Camino Real  
The Villages, Florida 32159

**RE: State Fiscal Year 2016 - 2017  
Annual Scheduled Low Income Pool (LIP) Tier 3 Payment.  
Medicaid Number: 010317900**

Dear Mr. Brunn:

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 annual scheduled payment represents 100% of your specified annual amount \$306,287 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 3

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10317900**

Facility Name (current) : **The Villages Regional Hospital**

Annual LIP Tier 3 distribution to your facility	(A)	\$306,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual LIP Tier 3 Payments</b>	(A - B) = (C)	\$306,287
Total of your "LIP Tier 3" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Annual Scheduled LIP Tier 3 Payment [1] [2]</b>	(C - D) = (E)	<b>\$306,287</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.

[1]