



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 5, 2017

Ms. Kathryn Forbes
CPA
John Hopkins All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010151600**

Dear Ms. Forbes:

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 \$6,684 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10151600**

Facility Name (current) : **John Hopkins All Children's Hospital**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$6,684 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$6,684 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$6,684 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012037500**

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 \$14,733 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12037500**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$14,733 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$14,733 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$14,733 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010074900**

Dear Mr. Faulkner:

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 \$26,408 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10074900**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$26,408 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$26,408 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$26,408 |

[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 5, 2017

Mr. Michael Mayo
President
Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, Florida 32207

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010064100**

Dear Mr. Mayo:

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 \$99,226 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10064100**

Facility Name (current) : **Baptist Medical Center Jacksonville**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$99,226 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$99,226 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$99,226 |

[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 5, 2017

Mr. Shaw Seely
Director, Reimbursement
Baptist Hospital - Beaches
800 Prudential Drive
Jacksonville, Florida 32207

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010232600**

Dear Mr. Seely:

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 \$8,127 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10232600**

Facility Name (current) : **Baptist Hospital - Beaches**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$8,127 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$8,127 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$8,127 |

[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 5, 2017

Mr. Edward Hubel
Hospital President
Baptist Medical Center - Nassau
820 Prudential Drive
Jacksonville, Florida 32307

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010123100**

Dear Mr. Hubel:

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 \$5,639 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10123100**

Facility Name (current) : **Baptist Medical Center - Nassau**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$5,639 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$5,639 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$5,639 |

[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 5, 2017

Mr. Brian Baumgardner
Hospital Administrator
Bartow Regional Medical Center
2995 Drew St.
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012041300**

Dear Mr. Baumgardner:

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 \$2,914 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12041300**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,914 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,914 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,914 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010006400**

Dear Mr. Grubbs:

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 \$15,445 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10006400**

Facility Name (current) : **Bay Medical Center/Sacred Heart HS**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$15,445 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$15,445 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$15,445 |

[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 5, 2017

Mr. Tracy Ewin
ACFO
Bayfront Health - St. Petersburg
701 6th Street South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010156700**

Dear Mr. Ewin:

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 \$16,197 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10156700**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$16,197 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$16,197 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$16,197 |

[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 5, 2017

Mr. Roger Kirk
President / CEO
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010140100**

Dear Mr. Kirk:

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 \$8,587 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10140100**

Facility Name (current) : **Bethesda Hospital East**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$8,587 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$8,587 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$8,587 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011021300**

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 \$8,213 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11021300**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$8,213 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$8,213 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$8,213 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011807900**

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 \$24,931 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11807900**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$24,931 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$24,931 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$24,931 |

[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 5, 2017

Mr. Kenneth Wicker
CEO
Bayfront Health Brooksville
17240 Cortez Blvd.
Brooksville, Florida 34601

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010087100**

Dear Mr. Wicker:

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 \$3,650 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10087100**

Facility Name (current) : **Bayfront Health Brooksville**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,650 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,650 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,650 |

[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 5, 2017

Ms. Alice Taylor
CEO
Broward Health Imperial Point
6401 North Federal Hwy.
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010821900**

Dear Ms. Taylor:

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 \$9,502 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10821900**

Facility Name (current) : **Broward Health Imperial Point**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$9,502 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$9,502 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$9,502 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011980600**

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 \$2,167 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11980600**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,167 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,167 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,167 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010178800**

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 \$4,309 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10178800**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$4,309 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$4,309 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$4,309 |

[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 5, 2017

Mr. Andrew Emery
CEO
Bayfront Health Punta Gorda
2500 Harbor Blvd
Port Charlotte, Florida 33952

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010027700**

Dear Mr. Emery:

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 \$1,050 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10027700**

Facility Name (current) : **Bayfront Health Punta Gorda**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,050 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,050 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,050 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Citrus Memorial Hospital
502 Highland Blvd.
Inverness, Florida 34452

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010219900**

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 \$6,119 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10219900**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$6,119 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$6,119 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$6,119 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010552000**

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 \$11,706 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10552000**

Facility Name (current) : **Medical Center of Trinity**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$11,706 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$11,706 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$11,706 |

[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 5, 2017

Mr. Henry Capote
CFO
Coral Gables Hospital
3100 Douglas Road
Coral Gables, Florida 33134

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010960600**

Dear Mr. Capote:

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 \$1,183 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10960600**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,183 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,183 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,183 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012009000**

Dear Mr. Bryan:

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 \$7,482 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12009000**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$7,482 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$7,482 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$7,482 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Englewood Community Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010253900**

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 \$1,759 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10253900**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,759 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,759 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,759 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Fawcett Memorial Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011746300**

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 \$6,359 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11746300**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$6,359 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$6,359 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$6,359 |

[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 5, 2017

Mr. Cory Domayer
CFO
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010189300**

Dear Mr. Domayer:

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 \$2,577 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10189300**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,577 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,577 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,577 |

[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 5, 2017

Ms. Fran Crunk
CEO
Florida Hospital Waterman
1000 Waterman Way
Tavares, Florida 32778

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010109500**

Dear Ms. Crunk:

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 \$13,548 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10109500**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$13,548 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$13,548 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$13,548 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Fort Walton Beach Medical Center
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011132500**

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 \$2,655 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11132500**

Facility Name (current) : **Fort Walton Beach Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,655 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,655 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,655 |

[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 5, 2017

Ms. Tonja Mosley
CFO
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, Florida 33401

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010152400**

Dear Ms. Mosley:

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 \$16,131 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10152400**

Facility Name (current) : **Good Samaritan Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$16,131 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$16,131 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$16,131 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Gulf Coast Medical Center - Panama City
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011761700**

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 \$3,284 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11761700**

Facility Name (current) : **Gulf Coast Medical Center - Panama City**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,284 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,284 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,284 |

[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 5, 2017

Mr. Brobert Coughlin
Reimbursement Manager
H. Lee Moffit Cancer Center
12902 Magnolia Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012032400**

Dear Mr. Coughlin:

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 \$39,184 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12032400**

Facility Name (current) : **H. Lee Moffit Cancer Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$39,184 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$39,184 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$39,184 |

[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 5, 2017

Mr. Robert Lee
CEO
Raulerson Hospital
PO Box 1307
Okeechobee, Florida 34973

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011975000**

Dear Mr. Lee:

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 \$3,505 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11975000**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,505 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,505 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,505 |

[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 5, 2017

Mr. Kevin Dowsett
Reimbursement Specialist
Halifax Health Medical Center
303 N. Clyde-Morris Blvd.
Daytona Beach, Florida 32114

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010184200**

Dear Mr. Dowsett:

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 \$34,349 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10184200**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$34,349 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$34,349 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$34,349 |

[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 5, 2017

Ms. Tonja Mosley
CFO
Heart of Florida Regional Medical Center
40100 U. S. Highway 27
Davenport, Florida 33832

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010228800**

Dear Ms. Mosley:

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 \$3,185 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10228800**

Facility Name (current) : **Heart of Florida Regional Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,185 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,185 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,185 |

[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 5, 2017

Mr. Carl Caley
CFO
Florida Hospital North Pinellas
1395 South Pinellas Drive
Tarpon Springs, Florida 34689

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010161300**

Dear Mr. Caley:

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 \$4,119 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10161300**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$4,119 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$4,119 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$4,119 |

[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 5, 2017

Mr. Brook Thomas
CFO
Highlands Regional Medical Center
Post Office Drawer 2066
Sebring, Florida 33870

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010089700**

Dear Mr. Thomas:

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 \$ 537 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10089700**

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

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 537 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 537 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 537 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010146000**

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 \$31,615 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10146000**

Facility Name (current) : **JFK Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$31,615 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$31,615 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$31,615 |

[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 5, 2017

Mr. Paul Dell Uomo
CEO
Jupiter Medical Center
1210 South Old Dixie Highway
Jupiter, Florida 33458

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012029400**

Dear Mr. Dell Uomo:

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 \$8,420 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12029400**

Facility Name (current) : **Jupiter Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$8,420 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$8,420 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$8,420 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012013800**

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 \$31,884 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12013800**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$31,884 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$31,884 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$31,884 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Lake City Medical Center
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011976800**

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 \$ 946 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11976800**

Facility Name (current) : **Lake City Medical Center**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 946 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 946 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 946 |

[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 5, 2017

Mr. Hector Sanchez
Reimbursement Department
Lake Wales Medical Center
410 South 11th Street
Lake Wales, Florida 33853

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010166400**

Dear Mr. Sanchez:

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 \$3,816 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10166400**

Facility Name (current) : **Lake Wales Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,816 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,816 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,816 |

[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 5, 2017

Mr. Kenneth Healy
Accounting Supervisor
Lakeside Medical Center
2601 10th Ave North, Ste 100
Palm Springs, Florida 33462

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010144300**

Dear Mr. Healy:

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 \$1,435 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10144300**

Facility Name (current) : **Lakeside Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,435 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,435 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,435 |

[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 5, 2017

Mr. Mark Tierney
System Chief Financial Officer
Lakewood Ranch Medical Center
206 Second Street East
Bradenton, Florida 34208

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010342000**

Dear Mr. Tierney:

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 \$4,154 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10342000**

Facility Name (current) : **Lakewood Ranch Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$4,154 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$4,154 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$4,154 |

[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 5, 2017

Mr. Robert Billings
CFO
Largo Medical Center
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011974100**

Dear Mr. Billings:

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 \$15,365 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11974100**

Facility Name (current) : **Largo Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$15,365 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$15,365 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$15,365 |

[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 5, 2017

Mr. Mark Early
CFO
Larkin Community Hospital
7031 SW 62nd Avenue
Miami, Florida 33243

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012005700**

Dear Mr. Early:

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 \$2,166 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12005700**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,166 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,166 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,166 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011969500**

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 \$13,206 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11969500**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$13,206 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$13,206 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$13,206 |

[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 5, 2017

Mr. Yuriy Kukin
Senior Reimbursement Specialist
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010110900**

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 \$56,048 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10110900**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$56,048 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$56,048 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$56,048 |

[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 5, 2017

Mr. John McClellan
CEO
Lehigh Regional Medical Center
1500 Lee Boulevard
Lehigh Acres, Florida 33936

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010111700**

Dear Mr. McClellan:

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 \$ 416 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10111700**

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

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 416 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 416 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 416 |

[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 5, 2017

Ms. Henrietta Keens
CFO
Lower Keys Medical Center
1200 Kennedy Drive
Key West, Florida 33040

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010119200**

Dear Ms. Keens:

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 \$4,468 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10119200**

Facility Name (current) : **Lower Keys Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$4,468 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$4,468 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$4,468 |

[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 5, 2017

Mr. Patrick McGee
CFO
Madison County Memorial Hospital
224 NW Crane Avenue
Madison, Florida 32340

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010115000**

Dear Mr. McGee:

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 \$ 279 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10115000**

Facility Name (current) : **Madison County Memorial Hospital**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 279 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 279 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 279 |

[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 5, 2017

Mr. John Creider
Reimbursement Specialist
Martin Medical Center
P. O. Box 9033
Stuart, Florida 34995

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010118400**

Dear Mr. Creider:

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 \$32,941 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10118400**

Facility Name (current) : **Martin Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$32,941 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$32,941 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$32,941 |

[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 5, 2017

Mr Briant Keen
Director of Revenue Management Services
Mease Countryside Hospital
BayCareHealth System
Clearwater, Florida 33759

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012008100**

Dear Mr Keen:

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 \$29,693 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12008100**

Facility Name (current) : **Mease Countryside Hospital**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$29,693 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$29,693 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$29,693 |

[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 5, 2017

Mr. Nigel Hinds
Controller
Florida Hospital Deland
701 West Plymouth Ave.
Deland, Florida 32720

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010187700**

Dear Mr. Hinds:

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 \$5,931 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10187700**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$5,931 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$5,931 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$5,931 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Memorial Hospital Jacksonville
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010193100**

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 \$3,946 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10193100**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,946 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,946 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,946 |

[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 5, 2017

Mr. Frank Sacco
President / CEO
Memorial Hospital Miramar
1901 SW 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010345400**

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 annual scheduled payment represents 100% of your specified annual amount \$10,308 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10345400**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$10,308 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$10,308 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$10,308 |

[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 5, 2017

Mr. John Mainieri
CFO
Memorial Hospital of Tampa
2901 Swann Avenue
Tampa, Florida 33609

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011279800**

Dear Mr. Mainieri:

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 \$1,758 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11279800**

Facility Name (current) : **Memorial Hospital of Tampa**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,758 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,758 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,758 |

[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 5, 2017

Mr. Frank Sacco
President / CEO
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010252100**

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 annual scheduled payment represents 100% of your specified annual amount \$38,042 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10252100**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$38,042 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$38,042 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$38,042 |

[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 5, 2017

Mr. Wayne Chutkan
Senior VP of Finance
Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach, Florida 33140

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010046300**

Dear Mr. Chutkan:

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 \$31,553 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10046300**

Facility Name (current) : **Mt. Sinai Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$31,553 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$31,553 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$31,553 |

[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 5, 2017

Mr. Eric LaChance
CFO
Munroe Regional Medical Center
1500 SW 1st Ave
Ocala, Florida 34471

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010117600**

Dear Mr. LaChance:

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 \$12,071 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10117600**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$12,071 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$12,071 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$12,071 |

[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 5, 2017

Mr. Thomas McCollough
Finance Reimbursement
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010060900**

Dear Mr. McCollough:

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 \$1,338 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10060900**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,338 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A – B) = (C) | \$1,338 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C – D) = (E) | \$1,338 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010862600**

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 \$7,921 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10862600**

Facility Name (current) : **North Florida Regional Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$7,921 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$7,921 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$7,921 |

[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 5, 2017

Mr. Manny Linares
CEO
North Shore Medical Center
1100 N.W. 95th Street
Miami, Florida 33150

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010049800**

Dear Mr. Linares:

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 \$18,074 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10049800**

Facility Name (current) : **North Shore Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$18,074 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$18,074 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$18,074 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Northside Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011519300**

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 \$15,747 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11519300**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$15,747 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$15,747 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$15,747 |

[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 5, 2017

Mr. Michael Kozar
CEO
Northwest Florida Community Hospital
P.O. Box 889
Chipley, Florida 32428

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010190700**

Dear Mr. Kozar:

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 \$1,511 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10190700**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,511 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,511 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,511 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010459100**

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 \$11,303 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10459100**

Facility Name (current) : **Northwest Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$11,303 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$11,303 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$11,303 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Oak Hill Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012007300**

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 \$7,045 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12007300**

Facility Name (current) : **Oak Hill Hospital**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$7,045 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$7,045 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$7,045 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010988600**

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 \$6,472 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. 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10988600**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$6,472 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$6,472 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$6,472 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Orange Park Medical Center
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011174100**

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 \$3,603 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11174100**

Facility Name (current) : **Orange Park Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,603 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,603 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,603 |

[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 5, 2017

Mr. John Gaspelin
Vice President Finance
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010133800**

Dear Mr. Gaspelin:

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 \$177,728 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10133800**

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

| | | |
|---|---------------|------------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$177,728 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$177,728 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$177,728 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010138900**

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 \$5,927 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10138900**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$5,927 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$5,927 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$5,927 |

[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 5, 2017

Ms. Judi Stimson
CFO
Palm Beach Gardens Medical Center
3360 Burns Road
Palm Beach Gardens, Florida 33410

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010210500**

Dear Ms. Stimson:

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 \$13,082 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10210500**

Facility Name (current) : **Palm Beach Gardens Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$13,082 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$13,082 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$13,082 |

[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 5, 2017

Mr. Hopeton English
Controller
Palmetto General Hospital
2001 West 68th St.
Hialeah, Florida 33016

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010460400**

Dear Mr. English:

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 \$13,347 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10460400**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$13,347 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$13,347 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$13,347 |

[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 5, 2017

Ms. Linda Stockton
CFO
Palms of Pasadena Hospital
1501 Pasedena Avenue South
St. Petersburg, Florida 33707

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012011100**

Dear Ms. Stockton:

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 \$2,863 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12011100**

Facility Name (current) : **Palms of Pasadena Hospital**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,863 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,863 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,863 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Palms West Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012026000**

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 \$8,783 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12026000**

Facility Name (current) : **Palms West Hospital**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$8,783 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$8,783 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$8,783 |

[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 5, 2017

Mr. Michael Sitowitz
Controller (Acting CFO)
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010010200**

Dear Mr. Sitowitz:

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 \$11,749 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10010200**

Facility Name (current) : **Parrish Medical Center**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$11,749 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$11,749 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$11,749 |

[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 5, 2017

Mr. Timothy Cerullo
CEO
Bayfront Health Port Charlotte
2500 Harbor Boulevard
Port Charlotte, Florida 33952

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010028500**

Dear Mr. Cerullo:

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 \$3,997 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10028500**

Facility Name (current) : **Bayfront Health Port Charlotte**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,997 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,997 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,997 |

[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 5, 2017

Ms. Sara Fulghum
Legal Assistant
Physicians Regional Medical Center - PR
6101 Pine Ridge Road
Naples, Florida 34119

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010314400**

Dear Ms. Fulghum:

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 \$ 762 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10314400**

Facility Name (current) : **Physicians Regional Medical Center - PR**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 762 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 762 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 762 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011988100**

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 \$16,449 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11988100**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$16,449 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$16,449 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$16,449 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010076500**

Dear Mr. Stovall:

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 \$22,017 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10076500**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$22,017 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$22,017 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$22,017 |

[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 5, 2017

Mr. Roger Hall
CEO
Sacred Hospital on the Emerald Coast
7800 US Hwy 98 West
Destin, Florida 32550

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010323300**

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 annual scheduled payment represents 100% of your specified annual amount \$3,802 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10323300**

Facility Name (current) : **Sacred Hospital on the Emerald Coast**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$3,802 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$3,802 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$3,802 |

[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 5, 2017

Mr. Phillip Wright
CEO
Santa Rosa Medical Center
6002 Berryhill Road
Milton, Florida 32570

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010174500**

Dear Mr. Wright:

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 \$ 853 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10174500**

Facility Name (current) : **Santa Rosa Medical Center**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 853 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 853 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 853 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010176100**

Dear Ms. Krail:

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 \$34,618 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10176100**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$34,618 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$34,618 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$34,618 |

[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 5, 2017

Mr. Steve Kuhn
CFO
Seven Rivers Regional Medical Center
6201 North Suncoast Boulevard
Crystal River, Florida 32629

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011998900**

Dear Mr. Kuhn:

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 \$1,511 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11998900**

Facility Name (current) : **Seven Rivers Regional Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,511 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,511 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,511 |

[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 5, 2017

Ms. Rhonda Sherrod
Market CEO
Shands Live Oak Regional Medical Center
1100 SW 11th Street
Live Oak, Florida 32064

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010179600**

Dear Ms. Sherrod:

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 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10179600**

Facility Name (current) : **Shands Live Oak Regional Medical Center**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 306 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 306 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 306 |

[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 5, 2017

Mr. Charles Nasem
Administrator
Shands Starke Regional Medical Center
922 E. Call Street
Starke, Florida 32091

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010007200**

Dear Mr. Nasem:

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 \$ 398 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10007200**

Facility Name (current) : **Shands Starke Regional Medical Center**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 398 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 398 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 398 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
South Bay Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011994600**

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 \$4,046 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11994600**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$4,046 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$4,046 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$4,046 |

[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 5, 2017

Mr. John Moore
President
South Lake Hospital
1900 Don Wickham Dr
Clermont, Florida 34711

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010108700**

Dear Mr. Moore:

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 \$12,107 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10108700**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$12,107 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$12,107 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$12,107 |

[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 5, 2017

Mr. Brent Burish
CEO
St Cloud Regional Medical Center
2906 17th St.
St. Cloud, Florida 34769

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010346200**

Dear Mr. Burish:

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 \$ 368 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10346200**

Facility Name (current) : **St Cloud Regional Medical Center**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 368 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 368 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 368 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
St. Lucie Medical Center
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011997100**

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 \$4,586 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11997100**

Facility Name (current) : **St. Lucie Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$4,586 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$4,586 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$4,586 |

[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 5, 2017

Mr. Michael Schatzlein
CEO
St. Vincent's Medical Center Southside
4201 Belfort Rd
Jacksonville, Florida 32216

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010373000**

Dear Mr. Schatzlein:

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 \$13,927 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10373000**

Facility Name (current) : **St. Vincent's Medical Center Southside**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$13,927 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$13,927 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$13,927 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010148600**

Dear Mr. Schlemmer:

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 \$17,320 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10148600**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$17,320 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$17,320 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$17,320 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
St. Petersburg General Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012010300**

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 \$5,481 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12010300**

Facility Name (current) : **St. Petersburg General Hospital**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$5,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$5,481 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$5,481 |

[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 5, 2017

Mr. Donnie Romine
COO
Saint Vincent's Medical Center Riverside
1 Shircliff Way
Jacksonville, Florida 32204

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010073100**

Dear Mr. Romine:

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 \$38,153 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10073100**

Facility Name (current) : **Saint Vincent's Medical Center Riverside**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$38,153 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$38,153 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$38,153 |

[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 5, 2017

Mr. Yuriy Kukin
Senior Reimbursement Specialist
Gulf Coast Medical Center Lee Memorial
13681 Doctors Way
Ft Myers, Florida 33912

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011134100**

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 \$21,708 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11134100**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$21,708 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$21,708 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$21,708 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

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 \$39,074 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10113300**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$39,074 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$39,074 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$39,074 |

[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 5, 2017

Ms. Robin Gaffney
Managing Director, Reimbursement
Tampa Community Hospital
6001 Webb Road
Tampa, Florida 33615

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011984900**

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 \$2,637 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11984900**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,637 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,637 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,637 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
Twin Cities Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010125700**

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 \$ 712 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10125700**

Facility Name (current) : **Twin Cities Hospital**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 712 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 712 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 712 |

[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 5, 2017

Ms. Debora Martoccio
CEO
FL Hospital at Connerton Long Term Acute
9441 Health Center Dr.
Land O Lakes, Florida 34637

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 00949600**

Dear Ms. Martoccio:

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 \$ 240 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **00949600**

Facility Name (current) : **FL Hospital at Connerton Long Term Ac**

| | | |
|---|---------------|---------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 240 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 240 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 240 |

[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 5, 2017

Mr. Shane Cox
CFO
Florida Hospital Carrollwood
7171 N. Dale Mabry Hwy.
Tampa, Florida 33614

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010094300**

Dear Mr. Cox:

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 \$11,832 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10094300**

Facility Name (current) : **Florida Hopsital Carrollwood**

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$11,832 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$11,832 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$11,832 |

[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 5, 2017

Mr. Dima Didenko
CFO
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, Florida 33613

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010102800**

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 annual scheduled payment represents 100% of your specified annual amount \$39,098 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10102800**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$39,098 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$39,098 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$39,098 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011280100**

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 \$8,857 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11280100**

Facility Name (current) : **University Hospital and Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$8,857 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$8,857 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$8,857 |

[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 5, 2017

Ms. Sharon Jones
Reimbursement Manager
University of Miami Hospital & Clinics
1475 N.W. 12th Avenue
Miami, Florida 33136

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010047100**

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 \$2,544 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10047100**

Facility Name (current) : **University of Miami Hospital & Clinics**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,544 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,544 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,544 |

[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 5, 2017

Mr. Joseph Paul
CFO
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Willington, Florida 33414

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010213000**

Dear Mr. Paul:

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 \$13,693 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10213000**

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

| | | |
|---|---------------|-----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$13,693 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$13,693 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$13,693 |

[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 5, 2017

Mr. Brook Thomas
CFO
West Boca Medical Center
21644 State Road 7
Boca Raton, Florida 33428

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 012024300**

Dear Mr. Thomas:

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 \$5,056 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **12024300**

Facility Name (current) : **West Boca Medical Center**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$5,056 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$5,056 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$5,056 |

[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 5, 2017

Ms. Robin Gaffney
Director of Reimbursement
West Florida Hospital
11315 Corporate Blvd
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011321200**

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 \$2,934 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11321200**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$2,934 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$2,934 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$2,934 |

[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 5, 2017

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

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 011230500**

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 \$7,144 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **11230500**

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

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$7,144 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$7,144 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$7,144 |

[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 5, 2017

Mr. Tom Arnold
Administrator
Wuesthoff Medical Center - Melbourne
250 N. Wickham Road
Melbourne, Florida 32935

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010320900**

Dear Mr. Arnold:

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 \$ 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10320900**

Facility Name (current) : **Wuesthoff Medical Center - Melbourne**

| | | |
|---|---------------|--------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$ 777 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$ 777 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$ 777 |

[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 5, 2017

Mr. Thomas Arnold
Corporate Controller
Wuesthoff Medical Center - Rockledge
110 Longwood Avenue
Rockledge, Florida 32956

**RE: State Fiscal Year 2016 - 2017
Annual Scheduled Low Income Pool (LIP) Tier 4 Payment.
Medicaid Number: 010011100**

Dear Mr. Arnold:

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 \$1,125 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 4

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **10011100**

Facility Name (current) : **Wuesthoff Medical Center - Rockledge**

| | | |
|---|---------------|----------------|
| Annual LIP Tier 4 distribution to your facility | (A) | \$1,125 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected total of your facility's annual LIP Tier 4 Payments | (A - B) = (C) | \$1,125 |
| Total of your "LIP Tier 4" Payments previously paid in this fiscal year | (D) | \$ 0 |
| Your Annual Scheduled LIP Tier 4 Payment [1] [2] | (C - D) = (E) | \$1,125 |

[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]