



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Laura Spencer
Azalea Health
Palatka Family Medical Center
Palatka, Florida 32177-5042

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029543400**

Dear Ms. Spencer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$1,383,862 for state fiscal year 2017 - 2018. 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **029543400**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,383,862
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,383,862
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$345,965

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Dr. Frank Mazzeo Jr.
Family Health Center of SW Florida
2232 Grand Avenue
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$1,049,770 for state fiscal year 2017 - 2018. 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **029570100**

Facility Name (current) : **Family Health Center of SW Florida**

Annual LIP Group 3 distribution to your facility	(A)	\$1,049,770
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,049,770
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$262,443

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Laurie Asbury
Family Health Source - Pierson
216 North Frederick Street
Pierson, Florida 32180-0000

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 687955100**

Dear Ms. Asbury:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$172,652 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **687955100**

Facility Name (current) : **Family Health Source - Pierson**

Annual LIP Group 3 distribution to your facility	(A)	\$172,652
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$172,652
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$43,163

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Lane Lunn
North Florida Medical Center
255 West River Road
Wewahitchka, Florida 32465-4533

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029568000**

Dear Ms. Lunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$423,836 for state fiscal year 2017 - 2018. 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **029568000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$423,836
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$423,836
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$105,959

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



RICK SCOTT
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JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Anita Riels
Palms Medical Group
911 South Main Street
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029506000**

Dear Ms. Riels:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$964,834 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance and Analytics

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **029506000**

Facility Name (current) : **Palms Medical Group**

Annual LIP Group 3 distribution to your facility	(A)	\$964,834
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$964,834
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$241,208

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

R. Michael Hill
PanCare Health Center
2309 East 15th Street
Panama City, Florida 32405-6345

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 689693600**

Dear Mr. Hill:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$595,671 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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State of Florida
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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **689693600**

Facility Name (current) : **PanCare Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$595,671
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$595,671
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$148,918

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



RICK SCOTT
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JUSTIN M. SENIOR
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April 18, 2018

Gary Skillington
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard
Key West, Florida 33040-4566

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 006558500**

Dear Mr. Skillington:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$178,842 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance and Analytics

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State of Florida
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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **006558500**

Facility Name (current) : **Rural Health Network of Monroe County**

Annual LIP Group 3 distribution to your facility	(A)	\$178,842
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$178,842
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$44,710

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



RICK SCOTT
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SECRETARY

April 18, 2018

Kara Russell
Sulzbacher Ctr for the Homeless
611 East Adams Street
Jacksonville, Florida 32202-2847

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 686032000**

Dear Ms. Russell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your first scheduled payment represents 25% (rounded) of your specified annual amount \$625,953 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **686032000**

Facility Name (current) : **Sulzbacher Ctr for the Homeless**

Annual LIP Group 3 distribution to your facility	(A)	\$625,953
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$625,953
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	((C x .25 - D) = (E))	\$156,488

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