



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Mia L. Jones, MBA
Agape Community Health Center
12595 Southwest 137th Avenue
Miami, Florida 33186-4222

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 017234400**

Dear Ms. Jones:

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 75% (rounded) of your specified annual amount \$135,542 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 : **017234400**

Facility Name (current) : **Agape Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$135,542
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)	\$135,542
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 .75 - D) = (E))	\$101,656

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Bruce Hayden
Banyan Community Health Clinic
3733 West Flagler Street
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 013881900**

Dear Mr. Hayden:

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 75% (rounded) of your specified annual amount \$215,995 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 : **013881900**

Facility Name (current) : **Banyan Community Health Clinic**

Annual LIP Group 3 distribution to your facility	(A)	\$215,995
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)	\$215,995
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 .75 - D) = (E))	\$161,996

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Temple O. Robinson, MD
Bond Community Health Clinic
2650 Municipal Way
Tallahassee, Florida 32304-3804

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 060551401**

Dear Dr. Robinson:

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 75% (rounded) of your specified annual amount \$360,731 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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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 : **060551401**

Facility Name (current) : **Bond Community Health Clinic**

Annual LIP Group 3 distribution to your facility	(A)	\$360,731
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)	\$360,731
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 .75 - D) = (E))	\$270,548

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Paul Velez
Borinquen Health Care Center
3601 Federal Highway
Miami, Florida 33137-3795

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029554000**

Dear Mr. Velez:

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 75% (rounded) of your specified annual amount \$2,599,882 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

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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 : **029554000**

Facility Name (current) : **Borinquen Health Care Center**

Annual LIP Group 3 distribution to your facility	(A)	\$2,599,882
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)	\$2,599,882
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 .75 - D) = (E))	\$1,949,912

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Lisa Gurri
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 688693100**

Dear Ms. Gurri:

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 75% (rounded) of your specified annual amount \$1,917,066 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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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 : **688693100**

Facility Name (current) : **Brevard Health Alliance**

Annual LIP Group 3 distribution to your facility	(A)	\$1,917,066
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)	\$1,917,066
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 .75 - D) = (E))	\$1,437,799

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Rosalyn Frazier
Broward Community & Family Health
5010 - 5012 Hollywood Boulevard
Hollywood, Florida 33021-6557

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 680027100**

Dear Ms. Frazier:

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 75% (rounded) of your specified annual amount \$356,975 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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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 : **680027100**

Facility Name (current) : **Broward Community & Family Health**

Annual LIP Group 3 distribution to your facility	(A)	\$356,975
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)	\$356,975
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 .75 - D) = (E))	\$267,732

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



RICK SCOTT
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JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Christopher F. Irizarry, MPA
C.L. Brumback Palm Beach
1250 Southwinds Drive
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 008037100**

Dear Mr. Irizarry:

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 75% (rounded) of your specified annual amount \$2,245,566 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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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 : **008037100**

Facility Name (current) : **C.L. Brumback Palm Beach**

Annual LIP Group 3 distribution to your facility	(A)	\$2,245,566
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)	\$2,245,566
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 .75 - D) = (E))	\$1,684,175

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Francis Afram-Gyening
Camillus Health Concern, Inc.
336 Northwest 5th Street
Miami, Florida 33128-0000

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

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 75% (rounded) of your specified annual amount \$801,737 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 : **680002500**

Facility Name (current) : **Camillus Health Concern, Inc.**

Annual LIP Group 3 distribution to your facility	(A)	\$801,737
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)	\$801,737
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 .75 - D) = (E))	\$601,303

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Rick Siclari
Care Resource
871 West Oakland Park Boulevard
Wilton Manors, Florida 33311-1731

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 003407900**

Dear Mr. Siclari:

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 75% (rounded) of your specified annual amount \$1,203,202 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 : **003407900**

Facility Name (current) : **Care Resource**

Annual LIP Group 3 distribution to your facility	(A)	\$1,203,202
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)	\$1,203,202
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 .75 - D) = (E))	\$902,401

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

T. Delores Dunn, MS
Center For Families & Child Enrichment
1825 Northwest 167th Street
Miami Gardens, Florida 33056-4838

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 010930500**

Dear Ms. Dunn:

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 75% (rounded) of your specified annual amount \$216,595 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 : **010930500**

Facility Name (current) : **Center For Families & Child Enrichment**

Annual LIP Group 3 distribution to your facility	(A)	\$216,595
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)	\$216,595
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 .75 - D) = (E))	\$162,446

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Latrice N. Stewart, MBA, CMP
Central Florida Family Health Centers
4930 East Lake Mary Boulevard
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029551500**

Dear Ms. Stewart:

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 75% (rounded) of your specified annual amount \$1,411,079 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 : **029551500**

Facility Name (current) : **Central Florida Family Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$1,411,079
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)	\$1,411,079
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 .75 - D) = (E))	\$1,058,310

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Joy Johnson
Central Florida Health Care - Frostproof
109 West Wall Street
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029549300**

Dear Ms. Johnson:

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 75% (rounded) of your specified annual amount \$805,352 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 : **029549300**

Facility Name (current) : **Central Florida Health Care - Frostproof**

Annual LIP Group 3 distribution to your facility	(A)	\$805,352
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)	\$805,352
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your First Scheduled LIP Group 3 Payment [1]	$((C \times .75) - D) = (E)$	\$604,014

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Mario Jardon, LCSW
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 688571300**

Dear Mr. Jardon:

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 75% (rounded) of your specified annual amount \$1,124,491 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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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 : **688571300**

Facility Name (current) : **Citrus Health Network**

Annual LIP Group 3 distribution to your facility	(A)	\$1,124,491
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)	\$1,124,491
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 .75 - D) = (E))	\$843,368

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Mike Ellis
Collier Health Services, Inc.
1454 Madison Avenue West
Immokalee, Florida 34142-2200

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029152800**

Dear Mr. Ellis:

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 75% (rounded) of your specified annual amount \$1,413,270 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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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 : **029152800**

Facility Name (current) : **Collier Health Services, Inc.**

Annual LIP Group 3 distribution to your facility	(A)	\$1,413,270
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)	\$1,413,270
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 .75 - D) = (E))	\$1,059,952

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Margrette Brennan
Community Health Centers
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029545100**

Dear Ms. Brennan:

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 75% (rounded) of your specified annual amount \$2,254,900 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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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **029545100**

Facility Name (current) : **Community Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$2,254,900
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)	\$2,254,900
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 .75 - D) = (E))	\$1,691,175

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Vanessa Mills
Empower-U
7900 Northwest 27th Avenue
Miami, Florida 33147-4909

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 010739700**

Dear Ms. Mills:

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 75% (rounded) of your specified annual amount \$81,469 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 : **010739700**

Facility Name (current) : **Empower-U**

Annual LIP Group 3 distribution to your facility	(A)	\$81,469
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)	\$81,469
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 .75 - D) = (E))	\$61,102

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Chandra Smiley
Escambia Community Clinics
14 West Jordan Street
Pensacola, Florida 32501-1736

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 692990700**

Dear Ms. Smiley:

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 75% (rounded) of your specified annual amount \$911,663 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 : **692990700**

Facility Name (current) : **Escambia Community Clinics**

Annual LIP Group 3 distribution to your facility	(A)	\$911,663
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)	\$911,663
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 .75 - D) = (E))	\$683,747

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Dr. Michael Gervasi
Florida Community Health Centers
1871 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7567

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 684660200**

Dear Dr. Gervasi:

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 75% (rounded) of your specified annual amount \$998,720 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 : **684660200**

Facility Name (current) : **Florida Community Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$998,720
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)	\$998,720
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 .75 - D) = (E))	\$749,040

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Yolette Bonnet
Foundcare
2330 South Congress Avenue
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 001182600**

Dear Ms. Bonnet:

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 75% (rounded) of your specified annual amount \$680,168 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 : **001182600**

Facility Name (current) : **Foundcare**

Annual LIP Group 3 distribution to your facility	(A)	\$680,168
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)	\$680,168
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 .75 - D) = (E))	\$510,126

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

DeAnna Warren
Genesis
2815 South Seacrest Boulevard
Palm Beach, Florida 33435-7934

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 006608600**

Dear Ms. Warren:

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 75% (rounded) of your specified annual amount \$257,342 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 : **006608600**

Facility Name (current) : **Genesis**

Annual LIP Group 3 distribution to your facility	(A)	\$257,342
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)	\$257,342
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 .75 - D) = (E))	\$193,006

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

John Goodrich
Health Care for The Homeless
232 North Orange Blossom Trail
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 687429100**

Dear Mr. Goodrich:

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 75% (rounded) of your specified annual amount \$1,193,157 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 : **687429100**

Facility Name (current) : **Health Care for The Homeless**

Annual LIP Group 3 distribution to your facility	(A)	\$1,193,157
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)	\$1,193,157
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 .75 - D) = (E))	\$894,868

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Rich Mutarelli
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 001718300**

Dear Mr. Mutarelli:

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 75% (rounded) of your specified annual amount \$507,394 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 : **001718300**

Facility Name (current) : **Heart of Florida Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$507,394
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)	\$507,394
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 .75 - D) = (E))	\$380,546

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Annie Neasman, MS, RN
Jessie Trice Community Health Center
901 East 10th Avenue
Hialeah, Florida 33010-3762

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029540000**

Dear Ms. Neasman:

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 75% (rounded) of your specified annual amount \$2,550,562 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 : **029540000**

Facility Name (current) : **Jessie Trice Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$2,550,562
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)	\$2,550,562
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 .75 - D) = (E))	\$1,912,922

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Joseph Hanratty
Langley Health Services
1425 S. US Highway 301
Sumterville, FL 33585

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029547700**

Dear Mr. Hanratty:

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 75% (rounded) of your specified annual amount \$356,238 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 : **029547700**

Facility Name (current) : **Langley Health Services**

Annual LIP Group 3 distribution to your facility	(A)	\$356,238
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)	\$356,238
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 .75 - D) = (E))	\$267,178

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Robert Johns
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, Florida 33903-4818

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 014789100**

Dear Mr. Johns:

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 75% (rounded) of your specified annual amount \$198,213 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 : **014789100**

Facility Name (current) : **Lee Community Healthcare**

Annual LIP Group 3 distribution to your facility	(A)	\$198,213
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)	\$198,213
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 .75 - D) = (E))	\$148,659

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Walter L. Presha
Manatee County Rural Health Services
12271 US Highway 301 North
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029561200**

Dear Mr. Presha:

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 75% (rounded) of your specified annual amount \$3,812,207 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 : **029561200**

Facility Name (current) : **Manatee County Rural Health Services**

Annual LIP Group 3 distribution to your facility	(A)	\$3,812,207
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)	\$3,812,207
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 .75 - D) = (E))	\$2,859,155

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

May 31, 2018

Mark Delvaux
Miami Beach Community Health Center
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3
Payment. Medicaid Number: 029544200**

Dear Mr. Delvaux:

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 75% (rounded) of your specified annual amount \$1,427,011 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 : **029545200**

Facility Name (current) : **Miami Beach Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$1,427,011
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)	\$1,427,011
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 .75 - D) = (E))	\$1,070,258

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Jeanne' Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 262263700**

Dear Ms. Freeman:

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 75% (rounded) of your specified annual amount \$340,418 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 : **262263700**

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

Annual LIP Group 3 distribution to your facility	(A)	\$340,418
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)	\$340,418
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 .75 - D) = (E))	\$255,314

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Amie Johns
New River - Union County County Health Department
495 East Main Street
Lake Butler, Florida 32054-1731

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 010946400**

Dear Ms. Johns:

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 75% (rounded) of your specified annual amount \$145,445 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 : **010946400**

Facility Name (current) : **New River - Union County County Health Department**

Annual LIP Group 3 distribution to your facility	(A)	\$145,445
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)	\$145,445
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 .75 - D) = (E))	\$109,084

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Linda L. Stone, Ph.D.
North Port Health Center - Sarasota
2200 Ringling Boulevard
Sarasota, Florida 34237-3900

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 010433900**

Dear Ms. Stone:

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 75% (rounded) of your specified annual amount \$753,062 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 : **010433900**

Facility Name (current) : **North Port Health Center - Sarasota**

Annual LIP Group 3 distribution to your facility	(A)	\$753,062
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)	\$753,062
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 .75 - D) = (E))	\$564,797

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Belinda Johnson-Cornett
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, Florida 24759

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

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 75% (rounded) of your specified annual amount \$677,247 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 : **020530900**

Facility Name (current) : **Osceola Community Health Services**

Annual LIP Group 3 distribution to your facility	(A)	\$677,247
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)	\$677,247
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 .75 - D) = (E))	\$507,935

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Joseph D. Resnick, MHA, FACHE
Premier HealthCare Group
14027 5th Street
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029550700**

Dear Mr. Resnick:

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 75% (rounded) of your specified annual amount \$1,311,844 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 : **029550700**

Facility Name (current) : **Premier HealthCare Group**

Annual LIP Group 3 distribution to your facility	(A)	\$1,311,844
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)	\$1,311,844
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 .75 - D) = (E))	\$983,883

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Walter L. Presha
Suncoast Health Community Center
2814 14th Ave SE
Ruskin, Florida 33750-5471

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029557400**

Dear Mr. Presha:

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 75% (rounded) of your specified annual amount \$2,656,871 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 : **029557400**

Facility Name (current) : **Suncoast Health Community Center**

Annual LIP Group 3 distribution to your facility	(A)	\$2,656,871
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)	\$2,656,871
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 .75 - D) = (E))	\$1,992,653

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Charles Bottoms
Tampa Community Health Center
3901 South West Shor Boulevard
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 029548500**

Dear Mr. Bottoms:

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 75% (rounded) of your specified annual amount \$1,722,467 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 : **029548500**

Facility Name (current) : **Tampa Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$1,722,467
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)	\$1,722,467
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 .75 - D) = (E))	\$1,291,850

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Vicki Soule, MBA, MS (FACHE)
Treasure Coast
12196 County Road 512
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 680005000**

Dear Ms. Soule:

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 75% (rounded) of your specified annual amount \$431,592 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 : **680005000**

Facility Name (current) : **Treasure Coast**

Annual LIP Group 3 distribution to your facility	(A)	\$431,592
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)	\$431,592
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 .75 - D) = (E))	\$323,694

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

April 18, 2018

Holly Holt
Walton County Health Department
1338 South Boulevard
Chipley, Florida 32428-0000

**RE: State Fiscal Year 2017 - 2018
First Scheduled Low Income Pool (LIP) Group 3 Payment.
Medicaid Number: 027977300**

Dear Ms. Holt:

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 75% (rounded) of your specified annual amount \$338,989 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 : **027977300**

Facility Name (current) : **Walton County Health Department**

Annual LIP Group 3 distribution to your facility	(A)	\$338,989
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)	\$338,989
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 .75 - D) = (E))	\$254,242

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