



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$135,542
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$101,656
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$33,886</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,383,862
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$345,965
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$1,037,897</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$215,995
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$161,996
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$53,999</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$360,731
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$270,548
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$90,183</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,599,882
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,949,912
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$649,970</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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,

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,917,066
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,437,799
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$479,267</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$356,975
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$267,732
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$89,243</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,245,566
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,684,175
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$561,391</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$801,737
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$601,303
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$200,434</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,203,202
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$902,401
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$300,801</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 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  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$216,595
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$162,446
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$54,149</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 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  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,411,079
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,058,310
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$352,769</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$805,352
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$604,014
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$201,338</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

Maria A Alonso  
Citrus Health Network  
4175 West 20th Avenue  
Hialeah, Florida 33012-5835

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

Dear Ms. Alonso:

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 fourth scheduled payment represents 100% (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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2017 - 2018 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,124,491
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$843,368
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$281,123</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth Scheduled Low Income Pool (LIP) Group 3 Payment.  
Medicaid Number: 029152803**

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 fourth scheduled payment represents 100% (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

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 Fourth Payment

Medicaid Number : **029152803**

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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,413,270
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,059,952
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$353,318</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,254,900
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,691,175
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$563,725</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

Pat Mabe  
Community Health Centers Pinellas  
1344 22nd Street South  
Saint Petersburg, Florida 33712-2744

**RE: State Fiscal Year 2017 - 2018  
Fourth Scheduled Low Income Pool (LIP) Group 3 Payment.  
Medicaid Number: 029565500**

Dear Mr. Mabe:

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 fourth scheduled payment represents 100% (rounded) of your specified annual amount \$1,235,229 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 Fourth Payment

Medicaid Number : **029565500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,235,229
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,235,229
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$1,235,229</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 8, 2018

Brodes H. Hartley, Jr.  
Community Health Center South Florida  
10300 Southwest 216th Street  
Miami, Florida 33190-0000

**RE: State Fiscal Year 2017 - 2018  
Annual Low Income Pool (LIP) Group 3 Payment  
Medicaid Number: 029572800**

Dear Mr. Hartley:

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 scheduled payment represents 100% (rounded) of your specified annual amount \$4,575,025 for state fiscal year 2017 - 2018.

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,245,566
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,684,175
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$561,391</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (rounded) of your specified annual amount \$81,470 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 Fourth Payment

Medicaid Number : **010739700**

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

Annual LIP Group 3 distribution to your facility	(A)	\$81,470
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$81,470
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$61,102
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$20,368</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$911,663
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$683,747
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$227,916</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 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  
Fourth 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 fourth scheduled payment represents 100% (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

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,049,770
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$262,443
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$787,327</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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,

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$172,652
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$43,163
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$129,489</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

Wihelmina Lewis, MD  
Florida Community Health Centers  
1871 Southeast Tiffany Avenue  
Port Saint Lucie, Florida 34952-7567

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

Dear Dr. Lewis:

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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$998,720
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$749,040
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$249,680</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$680,168
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$510,126
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$170,042</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$257,342
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$193,006
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$64,336</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,193,157
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$894,868
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$298,289</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$507,394
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$380,546
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$126,848</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,550,562
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,912,922
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$637,640</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$356,238
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$267,178
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$89,060</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$198,213
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$148,659
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$49,554</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$3,812,207
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$2,859,155
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$953,052</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

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

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 fourth scheduled payment represents 100% (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 Fourth Payment

Medicaid Number : **029544200**

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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,427,011
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,070,258
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$356,753</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$340,418
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$255,314
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$85,104</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 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  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$145,445
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$109,084
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$36,361</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$423,836
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$105,959
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$317,877</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$753,062
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$564,797
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$188,265</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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,

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$677,247
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$507,935
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$169,312</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$964,834
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$241,208
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$723,626</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$595,671
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$148,918
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$446,753</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

Lourdes Benedict  
Pinellas County Health and Community Services  
647 1st Avenue North  
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2017 - 2018  
Fourth Scheduled Low Income Pool (LIP) Group 3 Payment.  
Medicaid Number: 688412100**

Dear Ms. Benedict:

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 fourth scheduled payment represents 100% (rounded) of your specified annual amount \$379,863 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 Fourth Payment

Medicaid Number : **688412100**

Facility Name (current) : **Pinellas County Health and Community Services**

Annual LIP Group 3 distribution to your facility	(A)	\$379,863
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$379,863
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$379,863</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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,

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,311,844
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$983,883
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$327,961</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$178,842
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$44,710
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$134,132</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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.

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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$625,953
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$156,488
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$469,465</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,656,871
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,992,653
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$664,218</b>

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,722,467
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$1,291,850
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$430,617</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth 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 fourth scheduled payment represents 100% (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 Fourth 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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$431,592
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$323,694
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$107,898</b>

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 20, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth Scheduled Low Income Pool (LIP) Group 3 Payment.  
Medicaid Number: 027976500**

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 fourth scheduled payment represents 100% (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,

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 Fourth Payment

Medicaid Number : **027976500**

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
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$338,989
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$254,242
<b>Your Fourth Scheduled LIP Group 3 Payment [1]</b>	(C - D) = (E)	<b>\$84,747</b>

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