



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Jonathan M. Ellen, MD
President/Vice Dean
All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$3,995,446 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101516-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$3,995,446
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$3,995,446
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$2,996,585
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$998,861

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100749-00**

Dear Mr. Faulkner:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$1,594,727 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100749-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$1,594,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$1,594,727
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,196,045
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$398,682

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Ms. Kathryn Gillette
President & CEO
Bayfront Health - St. Petersburg
701 6th Street South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,832,512 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101567-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,832,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,832,512
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$2,124,384
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$708,128

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Calvin E. Glidewell Jr.
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100129-00**

Dear Mr. Glidewell:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$14,723,195 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100129-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$14,723,195
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$14,723,195
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$11,042,396
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$3,680,799

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Lars Houmann
President
Florida Hospital
601 East Rollins Street
Orlando, Florida 32803

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101290-00**

Dear Mr. Houmann:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$11,077,711 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101290-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$11,077,711
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$11,077,711
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$8,308,283
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$2,769,428

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Alan F. List, M.D.
President /CEO
H. Lee Moffit Cancer Center
12902 Magnolia Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0120324-00**

Dear Dr. List:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$6,115,250 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0120324-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$6,115,250
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$6,115,250
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$4,586,438
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$1,528,812

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Jeff Feasel
CEO
Halifax Health Medical Center
303 N. Clyde-Morris Blvd.
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,498,002 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101842-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,498,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,498,002
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,873,502
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$624,500

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Carlos Migoya
President / CEO
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Executive Offices-West Wing117
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$55,440,179 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100421-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$55,440,179
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$55,440,179
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$41,580,134
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$13,860,045

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Ms. Robin Gaffney
Director of Reimbursement
Kendall Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0120138-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,695,451 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0120138-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,695,451
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,695,451
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$2,021,588
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$673,863

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101648-00**

Dear Mrs. Thompson:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$3,265,321 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101648-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$3,265,321
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$3,265,321
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$2,448,991
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$816,330

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Ms. Sandy Sosa-Guerrero
CEO
Larkin Community Hospital
7031 SW 62nd Avenue
P.O. Box 43-1810
Miami, Florida 33243

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$535,070 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0120057-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$535,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$535,070
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$401,303
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$133,767

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Ms. Robin Gaffney
Director of Reimbursement
Lawnwood Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0119695-00**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,367,341 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0119695-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,367,341
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,367,341
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,775,506
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$591,835

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Benjamin A. Spence
CFO
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$13,927,425 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101109-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$13,927,425
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$13,927,425
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$10,445,569
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$3,481,856

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$16,043,820 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100200-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$16,043,820
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$16,043,820
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$12,032,865
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$4,010,955

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Steven Sonenreich
CEO
Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach, Florida 33140

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$1,823,842 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100463-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$1,823,842
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$1,823,842
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,367,882
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$455,960

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$6,873,381 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100765-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$6,873,381
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$6,873,381
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$5,155,036
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$1,718,345

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101761-00**

Dear Ms. Krail:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,098,347 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101761-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,098,347
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,098,347
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,573,760
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$524,587

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Carl Tremonti
CFO
St. Joseph's Hospital
3003 W. Dr. M. L. King Blvd.
3rd Floor, Medical Arts Bldg.
Tampa, Florida 33607-4227

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100978-00**

Dear Mr. Tremonti:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$6,273,212 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100978-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$6,273,212
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$6,273,212
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$4,704,909
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$1,568,303

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$8,954,914 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101486-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$8,954,914
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$8,954,914
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$6,716,186
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$2,238,728

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

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

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,993,085 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0101133-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,993,085
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,993,085
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$2,244,814
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$748,271

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Steve L. Short
Senior Vice President / CFO
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100994-00**

Dear Mr. Short:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$12,872,049 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100994-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$12,872,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$12,872,049
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$9,654,037
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$3,218,012

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Russell Armistead
CEO
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$11,183,413 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100676-00**

Facility Name (current) : **UF Health Jacksonville**

Explicit annual LIP 7 Payment to your facility	(A)	\$11,183,413
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$11,183,413
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$8,387,560
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$2,795,853

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Mr. Timothy M. Goldfarb
CEO
UF Health Shands Hospital
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$15,153,101 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100030-00**

Facility Name (current) : **UF Health Shands Hospital**

Explicit annual LIP 7 Payment to your facility	(A)	\$15,153,101
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$15,153,101
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$11,364,826
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$3,788,275

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Ms. Sharon V. Howard
Reimbursement Manager
University of Miami Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100366-00**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$2,415,002 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100366-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$2,415,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$2,415,002
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$1,811,252
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$603,750

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Ms. Sharon V. Howard
Hospital Administrator
University of Miami Hospital & Clinics
1475 N.W. 12th Avenue
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Fourth Scheduled Low Income Pool (LIP) 7 Payment.
Medicaid Number: 0100471-00**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to LIP 7 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your fourth scheduled payment (enclosed, represents 100% (rounded) of your specified annual amount \$10,030,575 for state fiscal year 2015 - 2016. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) 7

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **0100471-00**

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

Explicit annual LIP 7 Payment to your facility	(A)	\$10,030,575
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Total of your facility's annual LIP 7 Payments	(A - B) = (C)	\$10,030,575
Total of your "LIP 7" Payments previously paid in this fiscal year	(D)	\$7,522,931
Your fourth Scheduled LIP 7 Payment [1] [2]	(C - D) = (E)	\$2,507,644

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

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