



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Stephen P. Lee  
President  
Baptist Medical Center - Nassau  
1250 S. 18th St.  
Fernandina Beach, Florida 32034

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101231-00 HCCCB Number: 100140**

Dear Mr. Lee:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$101,690 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101231-00**      HCCCB Number : **100140**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$101,690
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$101,690
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$25,423</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Phillip Hill Jr  
CEO  
Calhoun Liberty Hospital  
20370 NE Burns Avenue  
Blountstown, Florida 32424

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0100269-00 HCCCB Number: 100112**

Dear Mr. Hill:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$23,109 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,

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Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0100269-00**      HCCCB Number : **100112**

Hospital Name (current) : **Calhoun Liberty Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$23,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$23,109
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$5,777</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Vincent A. Sica  
President / CEO  
DeSoto Memorial Hospital  
900 N. Robert Avenue  
P.O. Box 2180  
Arcadia, Florida 34266

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101923-00 HCCCB Number: 100175**

Dear Mr. Sica:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$126,526 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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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101923-00**      HCCCB Number : **100175**

Hospital Name (current) : **DeSoto Memorial Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$126,526
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$126,526
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$31,632</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mrs. JoAnn Baker  
Administrator  
Doctors Memorial Hospital  
P.O. Box 188  
2600 Hospital Dr  
Bonifay, Florida 32425

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101036-00 HCCCB Number: 100078**

Dear Mrs. Baker:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$49,735 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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Agency for Health Care Administration  
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101036-00**      HCCCB Number : **100078**

Hospital Name (current) : **Doctors Memorial Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$49,735
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$49,735
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>[(C x .25) - D] = (E)</b>	<b>\$12,434</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Geri Forbes  
CEO  
Doctors' Memorial Hospital  
333 N. Byron Butler Parkway  
Perry, Florida 32347

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101800-00 HCCCB Number: 100106**

Dear Ms. Forbes:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$77,589 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,

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Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101800-00**      HCCCB Number : **100106**

Hospital Name (current) : **Doctors' Memorial Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$77,589
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$77,589
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$19,397</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Steve Dudley  
CFO  
Ed Fraser Memorial Hospital  
159 North Third Street  
Macclenny, Florida 32063

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0100048-00 HCCCB Number: 100134**

Dear Mr. Dudley:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$44,524 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,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0100048-00**      HCCCB Number : **100134**

Hospital Name (current) : **Ed Fraser Memorial Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$44,524
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$44,524
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$11,131</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Hal Leftwich  
CEO  
Fishermen's Community Hospital  
3301 Overseas Highway  
Marathon, Florida 33050

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101206-00 HCCCB Number: 100024**

Dear Mr. Leftwich:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$21,329 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,

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101206-00**      HCCCB Number : **100024**

Hospital Name (current) : **Fishermen's Community Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$21,329
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$21,329
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$5,332</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Dima V Didenko  
CFO  
Florida Hospital - Wauchula  
4200 Sun N Lake Blvd  
PO Box 9400  
Sebring, Florida 33871-9400

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0102601-00 HCCCB Number: 100282**

Dear Mr. Didenko:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$64,092 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 cursive script 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0102601-00**      HCCCB Number : **100282**

Hospital Name (current) : **Florida Hospital - Wauchula**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$64,092
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$64,092
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$16,023</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Jermaine B. Bucknor  
CFO  
Florida Hospital Flagler  
60 Memorial Medical Parkway  
Palm Coast, Florida 32164

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101893-00 HCCCB Number: 100118**

Dear Mr. Bucknor:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$191,697 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,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101893-00**      HCCCB Number : **100118**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$191,697
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$191,697
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$47,924</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Kim Davis  
CFO  
George E. Weems Memorial Hospital  
135 Avenue G  
Apalachicola, Florida 32329

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0100803-00 HCCCB Number: 100153**

Dear Ms. Davis:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$20,721 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0100803-00**      HCCCB Number : **100153**

Hospital Name (current) : **George E. Weems Memorial Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$20,721
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$20,721
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$5,180</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. James H. Thompson  
Hospital Administrator  
Healthmark Regional Medical Center  
4413 US Highway 331 S  
DeFuniak Springs, Florida 32435

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101885-00 HCCCB Number: 100081**

Dear Mr. 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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$39,491 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,

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101885-00**      HCCCB Number : **100081**

Hospital Name (current) : **Healthmark Regional Medical Center**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$39,491
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$39,491
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$9,873</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Lynn W Beasley  
CEO  
Hendry Regional Medical Center  
500 W. Sugarland Highway  
Clewiston, Florida 33440

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0100862-00 HCCCB Number: 100098**

Dear Mr. Beasley:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$60,781 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

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0100862-00**      HCCCB Number : **100098**

Hospital Name (current) : **Hendry Regional Medical Center**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$60,781
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$60,781
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$15,195</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Kevin Rovito  
CFO  
Jackson Hospital  
4250 Hospital Drive  
Marianna, Florida 32447

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101061-00 HCCCB Number: 100142**

Dear Mr. Rovito:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$196,340 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.

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Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101061-00**      HCCCB Number : **100142**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$196,340
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$196,340
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$49,085</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Mike T. Hutchins  
Hospital Administrator  
Jay Hospital  
14114 Alabama Street  
Jay, Florida 32565

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101737-00 HCCCB Number: 100048**

Dear Mr. Hutchins:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$27,327 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101737-00**      HCCCB Number : **100048**

Hospital Name (current) : **Jay Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$27,327
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$27,327
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$6,832</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Pamela B. Howard  
Hospital Administrator  
Lake Butler Hospital  
850 East Main St.  
P.O.Box 748  
Lake Butler, Florida 32054

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0108227-00 HCCCB Number: 100241**

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$18,071 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0108227-00**      HCCCB Number : **100241**

Hospital Name (current) : **Lake Butler Hospital**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$18,071
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$18,071
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$4,518</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Darcy J. Davis  
CFO/COO  
Lakeside Medical Center  
2601 10th Ave North, Ste 100  
Palm Springs, Florida 33462

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101443-00 HCCCB Number: 100130**

Dear Ms. Davis:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$233,248 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101443-00**      HCCCB Number : **100130**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$233,248
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$233,248
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$58,312</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101150-00 HCCCB Number: 100004**

Dear Mr. McGee:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$40,845 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101150-00**      HCCCB Number : **100004**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$40,845
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$40,845
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$10,211</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Mark Bush  
CEO  
Northwest Florida Community Hospital  
P.O. Box 889  
Chipley, Florida 32428

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101907-00 HCCCB Number: 100147**

Dear Mr. Bush:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$79,666 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101907-00**      HCCCB Number : **100147**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$79,666
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$79,666
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$19,917</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Hospital Administrator  
Putnam Community Medical Center  
P.O. Drawer 778  
Palatka, Florida 32178-0778

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0113514-00 HCCCB Number: 100232**

Dear Hospital Administrator:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$210,388 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 cursive script 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0113514-00**      HCCCB Number : **100232**

Hospital Name (current) : **Putnam Community Medical Center**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$210,388
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$210,388
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$52,597</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0119750-00 HCCCB Number: 100252**

Dear Mr. Lee:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$159,885 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 cursive script 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0119750-00**      HCCCB Number : **100252**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$159,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$159,885
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$39,971</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Roger Hall  
President  
Sacred Heart Hospital on the Gulf  
3801 E. Highway 98  
Port St. Joe, Florida 32456

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 020127-00 HCCCB Number: 100313**

Dear Mr. Hall:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$38,907 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **020127-00**      HCCCB Number : **100313**

Hospital Name (current) : **Sacred Heart Hospital on the Gulf**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$38,907
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$38,907
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$9,727</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0103233-00 HCCCB Number: 100292**

Dear Mr. Hall:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$130,393 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0103233-00**      HCCCB Number : **100292**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$130,393
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$130,393
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$32,598</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Rhonda Kay Sherrod  
Market CEO  
Shands Lake Shore Medical Center  
368 N.E. Franklin St.  
Lake City, Florida 32055

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0100331-00 HCCCB Number: 100102**

Dear Ms. Sherrod:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$266,352 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0100331-00**      HCCCB Number : **100102**

Hospital Name (current) : **Shands Lake Shore Medical Center**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$266,352
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$266,352
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$66,588</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Minh Dang  
CFO  
Shands Live Oak Regional Medical Center  
1100 SW 11th Street  
Live Oak, Florida 32064

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0101796-00 HCCCB Number: 100146**

Dear Ms. Dang:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$57,144 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0101796-00**      HCCCB Number : **100146**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$57,144
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$57,144
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$14,286</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Mr. Brent Burish  
Administrator  
Shands Starke Regional Medical Center  
922 E. Call Street  
Starke, Florida 32091

**RE: State Fiscal Year 2015 - 2016, Low Income Pool  
First Scheduled Hospital Provider Access System Payment  
Medicaid Number: 0100072-00 HCCCB Number: 100103**

Dear Mr. Burish:

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 hospital Provider access systems meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

This, your first scheduled payment (enclosed, if not electronically transferred), represents 25% (rounded) of your projected annual amount of \$47,546 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Third Payment Period

Medicaid Number : **0100072-00**      HCCCB Number : **100103**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$47,546
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected annual total of the payments described above.</b>	(A - B) = (C)	\$47,546
Total of the payments as described above, previously paid in this fiscal year	(D)	\$ 0
<b>NET Third scheduled payment as described above [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$11,887</b>

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

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