



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$101,690
Total of the payments as described above, previously paid in this fiscal year	(D)	\$25,423
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$25,422

[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

January 19, 2016

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second Scheduled Hospital Provider Access System Payment
Medicaid Number: 0120405-00 HCCCB Number: 100276**

Dear Mr. Grossman:

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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (rounded) of your projected annual amount of \$10,415,876 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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Agency for Health Care Administration
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth Payment Period

Medicaid Number : **0120405-00** HCCCB Number : **100276**

Hospital Name (current) : **Broward Health Coral Springs**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$10,415,876
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected annual total of the payments described above.	(A - B) = (C)	\$10,415,876
Total of the payments as described above, previously paid in this fiscal year	(D)	\$2,603,969
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$2,603,969

[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

January 19, 2016

Ms. Alice Taylor
CEO
Broward Health Imperial Point
6401 North Federal Hwy.
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second Scheduled Hospital Provider Access System Payment
Medicaid Number: 0108219-00 HCCCB Number: 100200**

Dear Ms. Taylor:

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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (rounded) of your projected annual amount of \$13,978,574 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth Payment Period

Medicaid Number : **0108219-00** HCCCB Number : **100200**

Hospital Name (current) : **Broward Health Imperial Point**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$13,978,574
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected annual total of the payments described above.	(A - B) = (C)	\$13,978,574
Total of the payments as described above, previously paid in this fiscal year	(D)	\$3,494,644
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$3,494,643

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RICK SCOTT
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ELIZABETH DUDEK
SECRETARY

January 19, 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, Low Income Pool
Second Scheduled Hospital Provider Access System Payment
Medicaid Number: 0100129-00 HCCCB Number: 100039**

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

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (rounded) of your projected annual amount of \$39,128,841 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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Agency for Health Care Administration
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth Payment Period

Medicaid Number : **0100129-00** HCCCB Number : **100039**

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

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$39,128,841
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected annual total of the payments described above.	(A - B) = (C)	\$39,128,841
Total of the payments as described above, previously paid in this fiscal year	(D)	\$9,782,210
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$9,782,211

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Pauline Grant, MS, MBA, CHE
CEO
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second Scheduled Hospital Provider Access System Payment
Medicaid Number: 0100218-00 HCCCB Number: 100086**

Dear Ms. Grant:

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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (rounded) of your projected annual amount of \$12,607,142 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

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth Payment Period

Medicaid Number : **0100218-00** HCCCB Number : **100086**

Hospital Name (current) : **Broward Health North**

Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems.	(A)	\$12,607,142
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected annual total of the payments described above.	(A - B) = (C)	\$12,607,142
Total of the payments as described above, previously paid in this fiscal year	(D)	\$3,151,786
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$3,151,785

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$23,109
Total of the payments as described above, previously paid in this fiscal year	(D)	\$5,777
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$5,778

- [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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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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Agency for Health Care Administration
Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$126,526
Total of the payments as described above, previously paid in this fiscal year	(D)	\$31,632
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$31,631

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$49,735
Total of the payments as described above, previously paid in this fiscal year	(D)	\$12,434
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$12,434

- [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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$77,589
Total of the payments as described above, previously paid in this fiscal year	(D)	\$19,397
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$19,398

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$44,524
Total of the payments as described above, previously paid in this fiscal year	(D)	\$11,131
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$11,131

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$21,329
Total of the payments as described above, previously paid in this fiscal year	(D)	\$5,332
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$5,333

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$64,092
Total of the payments as described above, previously paid in this fiscal year	(D)	\$16,023
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$16,023

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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 Medicaid Program Finance

Payments for Low Income Pool Hospitals Provider Access Systems

State Fiscal Year 2015 - 2016 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$191,697
Total of the payments as described above, previously paid in this fiscal year	(D)	\$47,924
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$47,925

[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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$20,721
Total of the payments as described above, previously paid in this fiscal year	(D)	\$5,180
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$5,181

[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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$39,491
Total of the payments as described above, previously paid in this fiscal year	(D)	\$9,873
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$9,873

[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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$60,781
Total of the payments as described above, previously paid in this fiscal year	(D)	\$15,195
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$15,196

[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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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.

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$196,340
Total of the payments as described above, previously paid in this fiscal year	(D)	\$49,085
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$49,085

- [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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$27,327
Total of the payments as described above, previously paid in this fiscal year	(D)	\$6,832
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$6,832

[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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$18,071
Total of the payments as described above, previously paid in this fiscal year	(D)	\$4,518
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$4,518

[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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$233,248
Total of the payments as described above, previously paid in this fiscal year	(D)	\$58,312
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$58,312

[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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$40,845
Total of the payments as described above, previously paid in this fiscal year	(D)	\$10,211
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$10,212

- [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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$79,666
Total of the payments as described above, previously paid in this fiscal year	(D)	\$19,917
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$19,916

[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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$210,388
Total of the payments as described above, previously paid in this fiscal year	(D)	\$52,597
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$52,597

[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

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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 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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$159,885
Total of the payments as described above, previously paid in this fiscal year	(D)	\$39,971
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$39,972

- [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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$38,907
Total of the payments as described above, previously paid in this fiscal year	(D)	\$9,727
NET Sixth scheduled payment as described above [1] [2]	[(C x .50) - D] = (E)	\$9,727

[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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$130,393
Total of the payments as described above, previously paid in this fiscal year	(D)	\$32,598
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$32,599

- [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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$266,352
Total of the payments as described above, previously paid in this fiscal year	(D)	\$66,588
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$66,588

[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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$57,144
Total of the payments as described above, previously paid in this fiscal year	(D)	\$14,286
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$14,286

- [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

January 19, 2016

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
Second 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.

The total of this, your second scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 50% (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,

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 Sixth 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
Projected annual total of the payments described above.	(A - B) = (C)	\$47,546
Total of the payments as described above, previously paid in this fiscal year	(D)	\$11,887
NET Sixth scheduled payment as described above [1] [2]	((C x .50) - D) = (E)	\$11,886

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on distribution calculations.