



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 9, 2016

Mr. Benjamin A. Spence
CFO
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, Florida 33990

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Third Scheduled Hospital Provider Access System Payment
Medicaid Number: 0119717-00 HCCCB Number: 100244**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to 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 third scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 75% (rounded) of your projected annual amount of \$1,864,045 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 Ninth Payment Period

Medicaid Number : **0119717-00** HCCCB Number : **100244**

Hospital Name (current) : **Cape Coral Hospital**

| | | |
|--|------------------------------|------------------|
| Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems. | (A) | \$1,864,045 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected annual total of the payments described above. | (A - B) = (C) | \$1,864,045 |
| Total of the payments as described above, previously paid in this fiscal year | (D) | \$932,023 |
| NET Ninth scheduled payment as described above [1] [2] | [(C x .75) - D] = (E) | \$466,011 |

[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

February 9, 2016

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

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Third Scheduled Hospital Provider Access System Payment
Medicaid Number: 0101109-00 HCCCB Number: 100012**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for payments to 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 third scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 75% (rounded) of your projected annual amount of \$19,417,508 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 Ninth Payment Period

Medicaid Number : **0101109-00** HCCCB Number : **100012**

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

| | | |
|--|------------------------------|--------------------|
| Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems. | (A) | \$19,417,508 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected annual total of the payments described above. | (A - B) = (C) | \$19,417,508 |
| Total of the payments as described above, previously paid in this fiscal year | (D) | \$9,708,754 |
| NET Ninth scheduled payment as described above [1] [2] | ((C x .75) - D) = (E) | \$4,854,377 |

[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

February 9, 2016

Mr. Michael B. Sitowitz
Controller
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796

**RE: State Fiscal Year 2015 - 2016, Low Income Pool
Third Scheduled Hospital Provider Access System Payment
Medicaid Number: 0100102-00 HCCCB Number: 100028**

Dear Mr. Sitowitz:

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 third scheduled payment (enclosed, if not electronically transferred), and any previous payments for this fiscal year, represents 75% (rounded) of your projected annual amount of \$4,865,157 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 Ninth Payment Period

Medicaid Number : **0100102-00** HCCCB Number : **100028**

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

| | | |
|--|------------------------------|--------------------|
| Calculated annual amount payable, pursuant to eligibility and distribution criteria for Low Income Pool payments to Hospitals Provider Access Systems. | (A) | \$4,865,157 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$ 0 |
| Projected annual total of the payments described above. | (A - B) = (C) | \$4,865,157 |
| Total of the payments as described above, previously paid in this fiscal year | (D) | \$2,432,579 |
| NET Ninth scheduled payment as described above [1] [2] | [(C x .75) - D] = (E) | \$1,216,289 |

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

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