



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$923,678 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink that reads "Maureen Castaño".

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012040500**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$923,678
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$923,678
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$923,678

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010821900**

Dear Mr. Gross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$765,622 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010821900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$765,622
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$765,622
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$765,622

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

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RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

June 2, 2022

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$8,929,390 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010012900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$8,929,390
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$8,929,390
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$8,929,390

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June 2, 2022

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,564,184 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010021800**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,564,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,564,184
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,564,184

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SECRETARY

June 2, 2022

Scott Kashman
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, FL 33990

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011971700**

Dear Mr. Kashman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$11,927,732 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Maureen Castaño".

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **011971700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$11,927,732
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$11,927,732
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$11,927,732

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GOVERNOR

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SECRETARY

June 2, 2022

Vincent Sica
De Soto Memorial Hospital
900 N Robert Ave
Arcadia, FL 34266

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010192300**

Dear Mr. Sica:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,301,490 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010192300**

Facility Name (current) : **De Soto Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,301,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,301,490
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,301,490

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SECRETARY

June 2, 2022

Jo Ann M. Baker
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010103600**

Dear Ms. Baker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$319,239 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010103600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$319,239
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$319,239
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$319,239

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SIMONE MARSTILLER
SECRETARY

June 2, 2022

Tiffany Varnadoe
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010004800**

Dear Ms. Varnadoe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,318,109 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010004800**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,318,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,318,109
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,318,109

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RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

June 2, 2022

David Walker
George E. Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010080300**

Dear Mr. Walker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$440,169 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010080300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$440,169
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$440,169
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$440,169

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

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Lawrence R. Antonucci
Gulf Coast Medical Center Lee Memorial Health System
13681 Doctors Way
Fort Myers, FL 33912

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011134100**

Dear Mr. Antonucci:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$14,115,738 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **011134100**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial Health System**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,115,738
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$14,115,738
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$14,115,738

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010184200**

Dear Mr. Feasel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$30,735,699 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010184200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$30,735,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$30,735,699
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$30,735,699

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Raymond D. Williams
Hendry Regional Medical Center
524 W Sagamore Ave
Clewiston, FL 33440

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010086200**

Dear Mr. Williams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,813,578 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010086200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,813,578
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,813,578
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,813,578

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010226100**

Dear Mr. Duquette:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$26,628,699 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010226100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$26,628,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$26,628,699
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$26,628,699

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Carrol James Platt
Jackson Hospital
4250 Hospital Dr.
Marianna, FL 32446

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010106100**

Dear Mr. Platt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,331,818 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010106100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,331,818
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,331,818
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,331,818

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$102,478,827 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010042100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$102,478,827
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$102,478,827
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$75,000,000

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,676,257 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010151600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$4,676,257
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$4,676,257
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$4,676,257

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Paula Webb
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010822700**

Dear Ms. Webb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,358,914 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010822700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,358,914
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,358,914
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,358,914

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010144300**

Dear Ms. Davis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$860,891 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010144300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$860,891
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$860,891
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$860,891

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Drialys Perez
Larkin Community Hospital
7031 SW 62nd Ave
South Miami, FL 33143

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012005700**

Dear Ms. Perez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,222,754 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012005700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,222,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,222,754
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,222,754

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010110900**

Dear Mr. Antonucci:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$42,364,951 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010110900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$42,364,951
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$42,364,951
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$42,364,951

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,548,968 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010345400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,548,968
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,548,968
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,548,968

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$7,179,289 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010222900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$7,179,289
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$7,179,289
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$7,179,289

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,705,548 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010252100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$12,705,548
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$12,705,548
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$12,705,548

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010020000**

Dear Mr. Ross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$39,710,975 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010020000**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$39,710,975
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$39,710,975
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$39,710,975

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Glenn Davenport Waters
Morton Plant North Bay Hospital
6600 Madison St.
New Port Richey, FL 34652

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010150800**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$17,515,688 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010150800**

Facility Name (current) : **Morton Plant North Bay Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$17,515,688
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$17,515,688
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$17,515,688

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

R Lawrence Moss, MD, FACS, FAAP
Nemours Children's Hospital
6535 Nemours Pkwy
Orlando, FL 32827

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 004087600**

Dear Dr. Moss:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,203,162 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **004087600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,203,162
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,203,162
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,203,162

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Mathew Love
Nicklaus Children's Hospital
3100 SW 62nd Ave
Miami, FL 33155

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010060900**

Dear Mr. Love:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$201,038 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010060900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$201,038
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$201,038
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$201,038

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

George Mikitarian
Parrish Medical Center
951 N Washington Ave
Titusville, FL 32796

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,310,421 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010010200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,310,421
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,310,421
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,310,421

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010176100**

Dear Mr. Verinder:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$15,639,805 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010176100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$15,639,805
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$15,639,805
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$15,639,805

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010067600**

Dear Dr. Haley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$87,083,667 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010067600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$87,083,667
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$87,083,667
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$87,083,667

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 2, 2022

Adrian Hugh Greene
Wolfson Children's Hospital
800 Prudential Dr.
Jacksonville, FL 32207

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010064106**

Dear Mr. Greene:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,750,263 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010064106**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,750,263
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,750,263
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,750,263

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

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