



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

May 24, 2022

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010129000**

Dear Mr. Harcombe:

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 \$188,569,597 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010129000**

Facility Name (current) : **AdventHealth Orlando**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$188,569,597
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$188,569,597
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$188,569,597

[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

May 24, 2022

David LeMount
Aventura Hospital and Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012037500**

Dear Mr. LeMount:

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 \$5,999,592 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012037500**

Facility Name (current) : **Aventura Hospital and Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$5,999,592
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$5,999,592
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$5,999,592

[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

May 24, 2022

D. Bland Eng
Brandon Regional Hospital
119 Oakfield Dr.
Brandon, FL 33511

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011807900**

Dear Mr. Eng:

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 \$10,632,269 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **011807900**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$10,632,269
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$10,632,269
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$10,632,269

[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

May 24, 2022

Wael Kamal Barsoum, MD
Cleveland Clinic Hospital
3100 Weston Rd.
Weston, FL 33331

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010220200**

Dear Dr. Barsoum:

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 \$2,675,825 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010220200**

Facility Name (current) : **Cleveland Clinic Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$2,675,825
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$2,675,825
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$2,675,825

[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

May 24, 2022

Alan List, MD
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Dr.
Tampa, FL 33612

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012032400**

Dear Dr. List:

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 \$27,108,790 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research Institute Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$27,108,790
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$27,108,790
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$27,108,790

[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

May 24, 2022

Brandon Haushalter
Kendall Regional Medical Center
11750 Bird Rd.
Miami, FL 33175

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012013800**

Dear Mr. Haushalter:

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 \$4,697,583 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012013800**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$4,697,583
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$4,697,583
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$4,697,583

[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

May 24, 2022

Adam Rudd
Largo Medical Center
201 14th St. SW
Largo, FL 33770

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011974100**

Dear Mr. Rudd:

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 \$8,179,725 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **011974100**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$8,179,725
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$8,179,725
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$8,179,725

[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

May 24, 2022

Steven Sonenreich
Mount Sinai Medical Center
4300 Alton Rd.
Miami Beach, FL 33140

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

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 \$20,215,091 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010046300**

Facility Name (current) : **Mount Sinai Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$20,215,091
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$20,215,091
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$20,215,091

[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

May 24, 2022

Eric C. Lawson
North Florida Regional Medical Center
6500 Newberry Rd.
Gainesville, FL 32605

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010862600**

Dear Mr. Lawson:

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 \$2,586,294 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010862600**

Facility Name (current) : **North Florida Regional Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$2,586,294
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$2,586,294
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$2,586,294

[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

May 24, 2022

Mickey Smith
Oak Hill Hospital
11375 Cortez Blvd
Brooksville, FL 34613

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012007300**

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 \$3,726,614 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012007300**

Facility Name (current) : **Oak Hill Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$3,726,614
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$3,726,614
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$3,726,614

[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

May 24, 2022

Chad P. Christianson
Ocala Regional Medical Center
1431 SW 1st Ave
Ocala, FL 34474

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010988600**

Dear Mr. Christianson:

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 \$3,923,799 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010988600**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$3,923,799
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$3,923,799
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$3,923,799

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

May 24, 2022

David Strong
Orlando Health Orlando Regional Medical Center
52 W Underwood St.
Orlando, FL 32806

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010133800**

Dear Mr. Strong:

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 \$100,783,136 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010133800**

Facility Name (current) : **Orlando Health Orlando Regional Medical Center**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$100,783,136
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$100,783,136
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$100,783,136

[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

May 24, 2022

Davide M. Carbone
Osceola Regional Medical Center
700 W Oak St.
Kissimmee, FL 34741

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010138900**

Dear Mr. Carbone:

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 \$2,300,698 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010138900**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$2,300,698
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$2,300,698
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$2,300,698

[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

May 24, 2022

Gina Temple, PhD, MPA, BSN
Regional Medical Center Bayonet Point
14000 Fivay Rd.
Hudson, FL 34667

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011988100**

Dear Ms. Temple:

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 \$4,092,689 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **011988100**

Facility Name (current) : **Regional Medical Center Bayonet Point**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$4,092,689
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$4,092,689
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$4,092,689

[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

May 24, 2022

Stephen L. Demers
University of Miami Hospital and Clinics-Sylvester Comprehensive
1475 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2021 - 2022
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010047100**

Dear Mr. Demers:

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 \$9,864,369 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 3

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010047100**

Facility Name (current) : **University of Miami Hospital and Clinics-Sylvester Comprehensive**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$9,864,369
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$9,864,369
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$9,864,369

[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.