



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

May 26, 2022

Denyse Bales-Chubb  
AdventHealth Connerton  
9441 Health Center Dr.  
Land O' Lakes, FL 34637

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 000949600**

Dear Ms. Bales-Chubb:

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 \$54,375 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **000949600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$54,375
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$54,375
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$54,375</b>

[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  
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May 26, 2022

Denyse Bales-Chubb  
AdventHealth Connerton  
9441 Health Center Dr.  
Land O' Lakes, FL 34637

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 000949600**

Dear Ms. Bales-Chubb:

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 \$204 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.

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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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **000949600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$204
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$204
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$204</b>

[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 26, 2022

Ann Barnhart  
Heart of Florida Regional Medical Center  
40100 US Hwy 27 N  
Davenport, FL 33837

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010228800**

Dear Ms. Barnhart:

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 \$33,312 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010228800**

Facility Name (current) : **Heart of Florida Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$33,312
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$33,312
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$33,312</b>

[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 26, 2022

Gordon Edward Noseworthy  
AdventHealth Daytona Beach  
301 Memorial Medical Pkwy  
Daytona Beach, FL 32117

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010186900**

Dear Mr. Noseworthy:

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 \$67,888 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.

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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010186900**

Facility Name (current) : **AdventHealth Daytona Beach**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$67,888
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$67,888
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$67,888</b>

[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  
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SECRETARY

May 26, 2022

Dennis Hernandez  
AdventHealth New Smyrna Beach  
401 Palmetto St.  
New Smyrna Beach, FL 32168

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010183400**

Dear Mr. Hernandez:

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 \$22,537 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.

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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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010183400**

Facility Name (current) : **AdventHealth New Smyrna Beach**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$22,537
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$22,537
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$22,537</b>

[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.



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May 26, 2022

Jason Dunkel  
AdventHealth North Pinellas  
1395 S Pinellas Ave  
Tarpon Springs, FL 34689

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010161300**

Dear Mr. Dunkel:

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 \$28,956 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,

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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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010161300**

Facility Name (current) : **AdventHealth North Pinellas**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$28,956
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$28,956
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$28,956</b>

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

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May 26, 2022

Joel D. Johnson  
AdventHealth Ocala  
1500 SW 1St Ave  
Ocala, FL 34471

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010117600**

Dear Mr. Johnson:

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 \$45,240 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.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010117600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$45,240
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$45,240
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$45,240</b>

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

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SIMONE MARSTILLER  
SECRETARY

May 26, 2022

Ronald Jimenez  
AdventHealth Palm Coast  
60 Memorial Medical Pkwy  
Palm Coast, FL 32164

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010189300**

Dear Mr. Jimenez:

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 \$24,699 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.

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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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010189300**

Facility Name (current) : **AdventHealth Palm Coast**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$24,699
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$24,699</b>

[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 26, 2022

Randall Surber  
AdventHealth Lake Placid  
1210 US 27 N  
Lake Placid, FL 33852

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010090100**

Dear Mr. Surber:

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 \$23,695 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,

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010090100**

Facility Name (current) : **AdventHealth Lake Placid**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$23,695
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$23,695
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$23,695</b>

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

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RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

May 26, 2022

Abel B. Biri  
AdventHealth Waterman  
1000 Waterman Way  
Tavares, FL 32778

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010109500**

Dear Mr. Biri:

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 \$73,434 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.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010109500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$73,434
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$73,434
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$73,434</b>

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RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

May 26, 2022

Erik Wangsness  
AdventHealth Wesley Chapel  
2600 Bruce B. Downs Blvd  
Wesley Chapel, FL 33544

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 005456800**

Dear Mr. Wangsness:

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 \$25,995 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **005456800**

Facility Name (current) : **AdventHealth Wesley Chapel**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,995
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,995
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$25,995</b>

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

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RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

May 26, 2022

Joseph Impicciche, JD, MHA  
Ascension St. Vincents Medical Center Riverside  
One Shircliff Way  
Jacksonville, FL 32204

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010073100**

Dear Mr. Impicciche:

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 \$125,227 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.

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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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010073100**

Facility Name (current) : **Ascension St. Vincents Medical Center Riverside**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$125,227
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$125,227
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$125,227</b>

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

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RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

May 26, 2022

Thomas Vanosdol  
Ascension St. Vincents Southside Hospital  
4201 Belfort Rd.  
Jacksonville, FL 32216

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010373000**

Dear Mr. Vanosdol:

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 \$46,265 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.

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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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010373000**

Facility Name (current) : **Ascension St. Vincents Southside Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$46,265
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$46,265
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$46,265</b>

[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 26, 2022

Thomas VanOsdol  
St. Vincent's Clay County Hospital  
1670 St. Vincents Way  
Middleburg, FL 32068

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 009701300**

Dear Mr. VanOsdol:

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 \$32,624 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **009701300**

Facility Name (current) : **St. Vincent's Clay County Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$32,624
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$32,624
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$32,624</b>

[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 26, 2022

Mark Faulkner  
Baptist Hospital  
1000 W Moreno St.  
Pensacola, FL 32501

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010074900**

Dear Mr. Faulkner:

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 \$128,077 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010074900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$128,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$128,077
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$128,077</b>

[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 26, 2022

Bo Boulenger  
Baptist Hospital of Miami  
8900 N Kendall Drive  
Miami, FL 33176

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010035800**

Dear Mr. Boulenger:

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 \$338,742 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010035800**

Facility Name (current) : **Baptist Hospital of Miami**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$338,742
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$338,742
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$338,742</b>

[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 26, 2022

Joseph Mitrick  
Baptist Medical Center - Beaches  
1350 13th Ave S  
Jacksonville Beach, FL 32250

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010232600**

Dear Mr. Mitrick:

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 \$60,652 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010232600**

Facility Name (current) : **Baptist Medical Center - Beaches**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$60,652
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$60,652
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$60,652</b>

[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 26, 2022

Brett S. McClung  
Baptist Medical Center Jacksonville  
800 Prudential Dr.  
Jacksonville, FL 32207

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010064100**

Dear Mr. McClung:

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 \$448,941 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010064100**

Facility Name (current) : **Baptist Medical Center Jacksonville**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$448,941
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$448,941
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$448,941</b>

[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 26, 2022

Scott Campbell  
Ascension Sacred Heart Bay Medical  
615 N Bonita Ave  
Panama City, FL 32401

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010006400**

Dear Mr. Campbell:

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 \$4,731 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010006400**

Facility Name (current) : **Ascention Sacred Heart Bay Medical**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,731
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,731
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,731</b>

[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 26, 2022

Jacqueline Marie Arocho  
Baycare Alliant Hospital  
601 Main St.  
Dunedin, FL 34698

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010372100**

Dear Ms. Arocho:

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 \$ 13 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010372100**

Facility Name (current) : **Baycare Alliant Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$ 13
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$ 13
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$ 13</b>

[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 26, 2022

Kenneth Wicker  
Bayfront Health Brooksville  
17240 Cortez Blvd  
Brooksville, FL 34601

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010087100**

Dear Mr. Wicker:

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 \$6,337 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010087100**

Facility Name (current) : **Bayfront Health Brooksville**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,337
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,337
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,337</b>

[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 26, 2022

Timothy J. Cerullo  
Bayfront Health Port Charlotte  
2500 Harbor Blvd  
Port Charlotte, FL 33952

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010028500**

Dear Mr. Cerullo:

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 \$29,365 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010028500**

Facility Name (current) : **Bayfront Health Port Charlotte**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,365
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$29,365
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$29,365</b>

[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 26, 2022

Andrew Emery  
Bayfront Health Punta Gorda  
809 E Marion Ave  
Punta Gorda, FL 33950

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010027700**

Dear Mr. Emery:

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 \$1,936 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010027700**

Facility Name (current) : **Bayfront Health Punta Gorda**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,936
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,936
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,936</b>

[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 26, 2022

Linda A. Stockton  
Bayfront Health Seven Rivers  
6201 N Suncoast Blvd  
Crystal River, FL 34428

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011998900**

Dear Ms. Stockton:

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 \$5,085 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011998900**

Facility Name (current) : **Bayfront Health Seven Rivers**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$5,085
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$5,085
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$5,085</b>

[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 26, 2022

Nelson Lazo  
Bethesda Hospital East  
2815 S Seacrest Blvd  
Boynton Beach, FL 33435

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010140100**

Dear Mr. Lazo:

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 \$77,216 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010140100**

Facility Name (current) : **Bethesda Hospital East**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$77,216
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$77,216
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$77,216</b>

[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 26, 2022

Steve Nierman  
Blake Medical Center  
2020 59th St. W  
Bradenton, FL 34209

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011021300**

Dear Mr. Nierman:

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 \$54,860 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011021300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$54,860
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$54,860
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$54,860</b>

[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 26, 2022

Brenda Potter  
Calhoun-Liberty Hospital  
20370 NE Burns Ave  
Blountstown, FL 32424

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010026900**

Dear Ms. Potter:

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 \$791 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010026900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$791
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$791
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$791</b>

[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 26, 2022

Alan Keesee  
Capital Regional Medical Center  
2626 Capital Medical Blvd  
Tallahassee, FL 32308

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011980600**

Dear Mr. Keesee:

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 \$4,609 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011980600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,609
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,609</b>

[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 26, 2022

Trey Abshier  
Central Florida Regional Hospital  
1401 W Seminole Blvd  
Sanford, FL 32771

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010178800**

Dear Mr. Abshier:

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 \$32,803 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010178800**

Facility Name (current) : **Central Florida Regional Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$32,803
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$32,803
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$32,803</b>

[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 26, 2022

Ginger A. Carroll  
Citrus Memorial Hospital  
502 Highland Blvd  
Inverness, FL 34452

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010219900**

Dear Ms. Carroll:

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 \$29,968 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010219900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,968
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$29,968
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$29,968</b>

[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 26, 2022

Christina Jimenez  
Coral Gables Hospital  
3100 S Douglas Rd.  
Coral Gables, FL 33134

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010960600**

Dear Ms. Jimenez:

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 \$11,036 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010960600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,036
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,036
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$11,036</b>

[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 26, 2022

Margaret M. Gill  
Delray Medical Center  
5352 Linton Blvd  
Delray Beach, FL 33484

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012009000**

Dear Ms. Gill:

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 \$25,115 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012009000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,115
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,115
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$25,115</b>

[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 26, 2022

Javier Hernandez-Lichtl  
Doctors Hospital  
5000 University Dr.  
Coral Gables, FL 33146

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010354300**

Dear Mr. Hernandez-Lichtl:

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 \$37,184 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

MC:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010354300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$37,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$37,184
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$37,184</b>

[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 26, 2022

Robert C. Meade  
Doctors Hospital of Sarasota  
5731 Bee Ridge Rd.  
Sarasota, FL 34233

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011995400**

Dear Mr. Meade:

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 \$11,826 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011995400**

Facility Name (current) : **Doctors Hospital of Sarasota**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,826
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,826
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$11,826</b>

[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 26, 2022

Thomas Joseph Stone  
Doctors' Memorial Hospital  
333 N Byron Butler Pkwy  
Perry, FL 32348

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010180000**

Dear Mr. Stone:

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 \$2,663 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010180000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,663
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,663
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,663</b>

[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 26, 2022

Michael D. Ehrat  
Englewood Community Hospital  
700 Medical Blvd  
Englewood, FL 34223

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010253900**

Dear Mr. Ehrat:

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 \$2,681 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010253900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,681
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,681
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,681</b>

[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 26, 2022

William F. Hawley  
Fawcett Memorial Hospital  
21298 Olean Blvd  
Port Charlotte, FL 33952

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011746300**

Dear Mr. Hawley:

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 \$12,515 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011746300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,515
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,515
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$12,515</b>

[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 26, 2022

Jason P. Barrett  
Flagler Hospital  
400 Health Park Blvd  
Saint Augustine, FL 32086

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010171100**

Dear Mr. Barrett:

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 \$72,097 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010171100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$72,097
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$72,097
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$72,097</b>

[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 26, 2022

Mitchell Mongell  
Fort Walton Beach Medical Center  
1000 Mar-Walt Dr.  
Fort Walton Beach, FL 32547

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011132500**

Dear Mr. Mongell:

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 \$6,750 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011132500**

Facility Name (current) : **Fort Walton Beach Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,750
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,750
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,750</b>

[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 26, 2022

Tara McCoy  
Good Samaritan Medical Center  
1309 N Flagler Dr.  
West Palm Beach, FL 33401

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010152400**

Dear Ms. McCoy:

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 \$55,871 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010152400**

Facility Name (current) : **Good Samaritan Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$55,871
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$55,871
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$55,871</b>

[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 26, 2022

Bradley Griffin  
Gulf Coast Regional Medical Center  
449 W 23rd St.  
Panama City, FL 32405

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011761700**

Dear Mr. Griffin:

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 \$15,522 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011761700**

Facility Name (current) : **Gulf Coast Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$15,522
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$15,522
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$15,522</b>

[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 26, 2022

Gerald Beard  
Healthmark Regional Medical Center  
4413 US Hwy 331 S  
DeFuniak Springs, FL 32435

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010188500**

Dear Mr. Beard:

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 \$2,563 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010188500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,563
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,563
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,563</b>

[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 26, 2022

Bob Mahaffey  
Highlands Regional Medical Center  
3600 S Highlands Ave  
Sebring, FL 33870

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010089700**

Dear Mr. Mahaffey:

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 \$6,631 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010089700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,631
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,631
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,631</b>

[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 26, 2022

Doug Strong  
Holy Cross Hospital  
4725 N Federal Hwy  
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010018800**

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 \$63,172 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010018800**

Facility Name (current) : **Holy Cross Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$63,172
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$63,172
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$63,172</b>

[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 26, 2022

Gina Melby  
JFK Medical Center  
5301 S Congress Ave  
Atlantis, FL 33462

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010146000**

Dear Ms. Melby:

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 \$54,932 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010146000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$54,932
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$54,932
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$54,932</b>

[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 26, 2022

Jill Adams  
Lake City Medical Center  
340 NW Commerce Dr.  
Lake City, FL 32055

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011976800**

Dear Ms. Adams:

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 \$5,043 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011976800**

Facility Name (current) : **Lake City Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$5,043
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$5,043
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$5,043</b>

[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 26, 2022

Jill Adams  
Lake City Medical Center  
340 NW Commerce Dr.  
Lake City, FL 32055

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011976800**

Dear Ms. Adams:

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 \$600 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011976800**

Facility Name (current) : **Lake City Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$600
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$600
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$600</b>

[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 26, 2022

Timothy Regan  
Lakeland Regional Medical Center  
1324 Lakeland Hills Blvd  
Lakeland, FL 33805

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010164800**

Dear Dr. Regan:

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 \$227,878 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010164800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$227,878
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$227,878
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$227,878</b>

[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 26, 2022

Andy Guz  
Lakewood Ranch Medical Center  
8330 Lakewood Ranch Blvd  
Bradenton, FL 34202

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010342000**

Dear Mr. Guz:

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 \$17,517 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010342000**

Facility Name (current) : **Lakewood Ranch Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$17,517
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$17,517
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$17,517</b>

[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 26, 2022

Yoely Hernandez  
Larkin Community Hospital Palm Springs Campus  
1475 W 49th Pl  
Hialeah, FL 33012

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010053600**

Dear Mr. Hernandez:

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 \$2,379 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010053600**

Facility Name (current) : **Larkin Community Hospital Palm Springs Campus**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,379
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,379
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,379</b>

[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 26, 2022

Eric Goldman  
Lawnwood Regional Medical Center & Heart Institute  
1700 S 23rd St.  
Fort Pierce, FL 34950

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011969500**

Dear Mr. Goldman:

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 \$10,924 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011969500**

Facility Name (current) : **Lawnwood Regional Medical Center & Heart Institute**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$10,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$10,924
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$10,924</b>

[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 26, 2022

David Clay  
Lower Keys Medical Center  
5900 College, Rd.  
Key West, FL 33040

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010119200**

Dear Mr. Clay:

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 \$20,910 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010119200**

Facility Name (current) : **Lower Keys Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$20,910
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$20,910
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$20,910</b>

[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 26, 2022

Tammy Wells Stevens  
Madison County Memorial Hospital  
224 NW Crane Ave  
Madison, FL 32340

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010115000**

Dear Ms. Wells Stevens:

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 \$2,385 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010115000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,385
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,385
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,385</b>

[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 26, 2022

Glenn Davenport Waters  
Mease Countryside Hospital  
3231 McMullen Booth Rd.  
Safety Harbor, FL 34695

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012008100**

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 \$102,708 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012008100**

Facility Name (current) : **Mease Countryside Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$102,708
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$102,708
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$102,708</b>

[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 26, 2022

Mike Wyers  
Medical Center of Trinity  
9330 SR 54  
Trinity, FL 34655

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010552000**

Dear Mr. Wyers:

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 \$47,217 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010552000**

Facility Name (current) : **Medical Center of Trinity**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$47,217
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$47,217
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$47,217</b>

[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 26, 2022

Bradley S. Talbert  
Memorial Hospital Jacksonville  
3625 University Blvd S  
Jacksonville, FL 32216

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010193100**

Dear Mr. Talbert:

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 \$46,465 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010193100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$46,465
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$46,465
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$46,465</b>

[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 26, 2022

Sonia I. Wellman  
Memorial Hospital of Tampa  
2901 W Swann Ave  
Tampa, FL 33609

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011279800**

Dear Ms. Wellman:

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 \$41,597 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011279800**

Facility Name (current) : **Memorial Hospital of Tampa**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$41,597
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$41,597
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$41,597</b>

[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 26, 2022

Rhonda Sherrod  
Shands Starke Regional Medical Center  
922 E Call St.  
Starke, FL 32091

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010007200**

Dear Ms. Sherrod:

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 \$1,258 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010007200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,258
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,258</b>

[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 26, 2022

Ronnie Daves  
North Okaloosa Medical Center  
151 E Redstone Ave  
Crestview, FL 32539

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010126500**

Dear Mr. Daves:

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 \$8,053 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010126500**

Facility Name (current) : **North Okaloosa Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,053
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,053
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$8,053</b>

[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 26, 2022

Mark Racicot  
North Shore Medical Center  
1100 NW 95th St.  
Miami, FL 33150

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010049800**

Dear Mr. Racicot:

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 \$86,537 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010049800**

Facility Name (current) : **North Shore Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$86,537
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$86,537
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$86,537</b>

[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 26, 2022

Michael A. Kozar  
Northwest Florida Community Hospital  
1360 Brickyard Rd.  
Chipley, FL 32428

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010190700**

Dear Mr. Kozar:

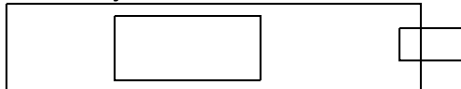
Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are 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 \$2,866 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010190700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,866
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,866
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,866</b>

[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 26, 2022

Erica Gulrich  
Northwest Medical Center  
2801 N State Rd. 7  
Margate, FL 33063

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010459100**

Dear Ms. Gulrich:

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 \$14,057 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 rectangular box with a white background and a black border, used to redact the signature of Maureen Castaño. The box contains three smaller, empty rectangular shapes, likely representing the original signature and a small square mark.

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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010459100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,057
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$14,057</b>

[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 26, 2022

Lisa Valentine  
Orange Park Medical Center  
2001 Kingsley Ave  
Orange Park, FL 32073

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011174100**

Dear Ms. Valentine:

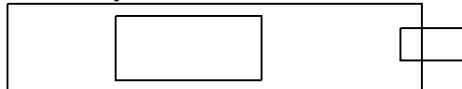
Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are 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 \$13,169 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

MC:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011174100**

Facility Name (current) : **Orange Park Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,169
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$13,169
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$13,169</b>

[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 26, 2022

Christopher Schroeder  
Health Central  
10000 W Colonial Dr.  
Ocoee, FL 34761

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010135400**

Dear Mr. Schroeder:

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 \$41,056 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 rectangular box with a smaller box inside, used to redact the signature of 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010135400**

Facility Name (current) : **Health Central**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$41,056
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$41,056
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$41,056</b>

[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 26, 2022

Kenneth Donahey  
Oviedo Medical Center  
8300 Red Bug Lake Rd.  
Oviedo, FL 32765

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 021094100**

Dear Mr. Donahey:

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 \$2,926 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **021094100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,926
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,926
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,926</b>

[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 26, 2022

Teresa C. Urquhart  
Palm Beach Gardens Medical Center  
3360 Burns Rd.  
Palm Beach Gardens, FL 33410

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010210500**

Dear Ms. Urquhart:

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 \$42,732 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,

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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010210500**

Facility Name (current) : **Palm Beach Gardens Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$42,732
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$42,732
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$42,732</b>

[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 26, 2022

Ana J. Mederos  
Palmetto General Hospital  
2001 W 68th St.  
Hialeah, FL 33016

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010460400**

Dear Ms. Mederos:

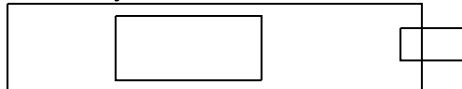
Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are 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 \$48,283 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010460400**

Facility Name (current) : **Palmetto General Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$48,283
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$48,283
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$48,283</b>

[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 26, 2022

Jacob J. Fisher  
Palms of Pasadena Hospital  
1501 Pasadena Ave S  
Saint Petersburg, FL 33707

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012011100**

Dear Mr. Fisher:

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 \$11,657 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012011100**

Facility Name (current) : **Palms of Pasadena Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,657
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,657
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$11,657</b>

[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 26, 2022

Joshua DeTillio  
Palms West Hospital  
13001 Southern Blvd  
Loxahatchee, FL 33470

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012026000**

Dear Mr. DeTillio:

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 \$12,347 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012026000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$12,347
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$12,347
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$12,347</b>

[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 26, 2022

Scott S. Lowe  
Physicians Regional Medical Center - Pine Ridge  
6101 Pine Ridge Rd.  
Naples, FL 34119

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010314400**

Dear Mr. Lowe:

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 \$9,609 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010314400**

Facility Name (current) : **Physicians Regional Medical Center - Pine Ridge**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,609
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$9,609</b>

[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 26, 2022

Madeline Nava  
Plantation General Hospital  
401 NW 42nd Ave  
Plantation, FL 33317

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012000600**

Dear Ms. Nava:

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 \$71,060 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012000600**

Facility Name (current) : **Plantation General Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$71,060
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$71,060
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$71,060</b>

[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 26, 2022

Christopher A. Cosby  
Poinciana Medical Center  
325 Cypress Pkwy  
Kissimmee, FL 34758

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 009268300**

Dear Mr. Cosby:

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 \$9,554 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **009268300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,554
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,554
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$9,554</b>

[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 26, 2022

Mark Dooley  
Putnam Community Medical Center  
611 Zeagler Dr.  
Palatka, FL 32177

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011351400**

Dear Mr. Dooley:

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 \$8,900 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011351400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$8,900
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$8,900
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$8,900</b>

[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 26, 2022

P. Brian Melear  
Raulerson Hospital  
1796 Hwy 441 North  
Okeechobee, FL 34972

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011975000**

Dear Mr. Melear:

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 \$13,435 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 rectangular box with a white background and a black border, used to redact the signature of Maureen Castaño. The box contains three smaller, empty rectangular shapes, likely representing the original signature and a stamp.

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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011975000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,435
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$13,435
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$13,435</b>

[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 26, 2022

Andrew S. Romine  
Steward Rockledge Hospital  
110 Longwood Ave  
Rockledge, FL 32955

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010011100**

Dear Mr. Romine:

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 \$977 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010011100**

Facility Name (current) : **Steward Rockledge Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$977
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$977
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$977</b>

[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 26, 2022

Dan Peterson  
Santa Rosa Medical Center  
6002 Berryhill Rd.  
Milton, FL 32570

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010174500**

Dear Mr. Peterson:

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 \$3,576 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010174500**

Facility Name (current) : **Santa Rosa Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,576
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,576
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,576</b>

[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 26, 2022

Rhonda Sherrod  
Shands Lake Shore Regional Medical Center  
368 NE Franklin St.  
Lake City, FL 32055

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010033100**

Dear Ms. Sherrod:

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 \$7,850 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 rectangular box with a white background and a black border, containing a smaller white rectangular area in the center, used to redact the signature.

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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$7,850
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$7,850
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$7,850</b>

[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 26, 2022

Daniel P. Bender  
South Bay Hospital  
4016 Sun City Center Blvd  
Sun City Center, FL 33573

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011994600**

Dear Mr. Bender:

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 \$11,428 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011994600**

Facility Name (current) : **South Bay Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$11,428
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$11,428
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$11,428</b>

[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 26, 2022

John A. Moore  
South Lake Hospital  
1920 Don Wickham Dr.  
Clermont, FL 34711

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010108700**

Dear Mr. Moore:

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 \$93,133 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010108700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$93,133
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$93,133
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$93,133</b>

[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 26, 2022

Bill Duquette  
South Miami Hospital  
6200 SW 73rd St.  
Miami, FL 33143

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010058700**

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 \$128,179 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010058700**

Facility Name (current) : **South Miami Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$128,179
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$128,179
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$128,179</b>

[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 26, 2022

Brent Burish  
St. Cloud Regional Medical Center  
2906 17th St.  
Saint Cloud, FL 34769

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010346200**

Dear Mr. Burish:

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 \$2,304 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010346200**

Facility Name (current) : **St. Cloud Regional Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,304
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,304
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,304</b>

[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 26, 2022

Jay Finnegan  
St. Lucie Medical Center  
1800 SE Tiffany Ave  
Port Saint Lucie, FL 34952

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011997100**

Dear Mr. Finnegan:

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 \$3,071 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011997100**

Facility Name (current) : **St. Lucie Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$3,071
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$3,071
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$3,071</b>

[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 26, 2022

Kenneth Wicker  
St. Petersburg General Hospital  
6500 38th Ave N  
Saint Petersburg, FL 33710

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012010300**

Dear Mr. Wicker:

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 \$30,350 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012010300**

Facility Name (current) : **St. Petersburg General Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$30,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$30,350
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$30,350</b>

[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 26, 2022

George Mark O'Bryant  
Tallahassee Memorial Hospital  
1300 Miccosukee Rd.  
Tallahassee, FL 32308

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

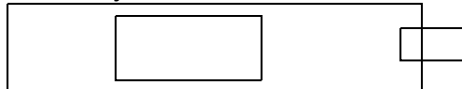
Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are 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 \$167,315 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010113300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$167,315
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$167,315
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$167,315</b>

[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 26, 2022

David A. Whalen  
Twin Cities Hospital  
2190 Hwy 85 N  
Niceville, FL 32578

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010125700**

Dear Mr. Whalen:

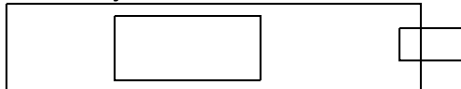
Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are 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 \$4,458 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010125700**

Facility Name (current) : **Twin Cities Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,458
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,458
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,458</b>

[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 26, 2022

Donald G. Henderson  
The Villages Regional Hospital  
1451 El Camino Real  
The Villages, FL 32159

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010317900**

Dear Mr. Henderson:

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 \$30,505 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010317900**

Facility Name (current) : **The Villages Regional Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$30,505
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$30,505
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$30,505</b>

[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 26, 2022

Ben Harris  
University Hospital and Medical Center  
7201 N University Dr.  
Tamarac, FL 33321

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011280100**

Dear Mr. Harris:

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 \$30,086 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011280100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$30,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$30,086
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$30,086</b>

[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 26, 2022

Brett Esrock  
Viera Hospital  
8745 N Wickham Rd.  
Melbourne, FL 32940

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 003158800**

Dear Mr. Esrock:

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 \$25,291 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **003158800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,291
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,291
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$25,291</b>

[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 26, 2022

Pamela Tahan  
Wellington Regional Medical Center  
10101 Forest Hill Blvd  
Wellington, FL 33414

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010213000**

Dear Ms. Tahan:

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 \$27,986 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010213000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$27,986
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$27,986
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$27,986</b>

[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 26, 2022

George Rizzuto  
West Boca Medical Center  
21644 State Rd. 7  
Boca Raton, FL 33428

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012024300**

Dear Mr. Rizzuto:

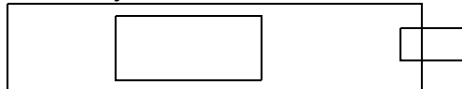
Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are 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 \$9,554 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **012024300**

Facility Name (current) : **West Boca Medical Center**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$9,554
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$9,554
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$9,554</b>

[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 26, 2022

Brian Baumgardner  
West Florida Hospital  
8383 N Davis Hwy  
Pensacola, FL 32514

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011321200**

Dear Mr. Baumgardner:

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 \$6,869 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011321200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,869
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,869
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,869</b>

[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 26, 2022

Lourdes Boue  
West Kendall Baptist Hospital  
9555 SW 162nd Ave  
Miami, FL 33196

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 003226500**

Dear Ms. Boue:

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 \$113,278 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **003226500**

Facility Name (current) : **West Kendall Baptist Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$113,278
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$113,278
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$113,278</b>

[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 26, 2022

Rudy Garcia  
Westchester General Hospital  
2500 SW 75th Ave  
Miami, FL 33155

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010062500**

Dear Mr. Garcia:

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 \$14,885 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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **010062500**

Facility Name (current) : **Westchester General Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$14,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$14,885
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$14,885</b>

[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 26, 2022

Barbara J. Simmons  
Westside Regional Medical Center  
8201 W Broward Blvd  
Plantation, FL 33324

**RE: State Fiscal Year 2021 - 2022  
First Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011230500**

Dear Ms. Simmons:

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 \$18,761 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,

[Redacted signature area]

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 5

State Fiscal Year 2021 - 2022 First Payment

Medicaid Number : **011230500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,761
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,761
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$18,761</b>

[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.