



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

July 26, 2022

Mia L. Jones, MBA
Agape Community Health Center
12595 Southwest 137th Avenue
Miami, Florida 33186-4222

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 017234400**

Dear Ms. Jones:

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 represents 100% of your annual appropriation of \$307,593 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **017234400**

Facility Name (current) : **Agape Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$307,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$307,593
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$307,593

[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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SIMONE MARSTILLER
SECRETARY

July 26, 2022

Laura Spencer
Aza Health
1302 River St.
Patlatka, Florida 32177

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029543400**

Dear Ms. Spencer:

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 represents 100% of your annual appropriation of \$1,314,551 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029543400**

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

Original annual Group 3 distribution to your facility	(A)	\$1,314,551
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,314,551
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,314,551

[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

July 26, 2022

Tleana Ruiz-Garcia
Banyan Community Health Care
3733 West Flagler Street
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 013881900**

Dear Ms. Ruiz-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 represents 100% of your annual appropriation of \$1,123,721 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **013881900**

Facility Name (current) : **Banyan Community Health Care**

Original annual Group 3 distribution to your facility	(A)	\$1,123,721
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,123,721
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,123,721

[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

July 26, 2022

Temple O. Robinson, MD
Bond Community Health Center
2650 Municipal Way
Tallahassee, Florida 32304-3804

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060551400**

Dear Dr. Robinson:

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 represents 100% of your annual appropriation of \$320,629 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **060551400**

Facility Name (current) : **Bond Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$320,629
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$320,629
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$320,629

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

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RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

July 26, 2022

Paul Velez
Borinquen Health Care Center
3601 Federal Highway
Miami, Florida 33137-3795

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029554000**

Dear Mr. Velez:

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 represents 100% of your annual appropriation of \$2,345,773 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029554000**

Facility Name (current) : **Borinquen Health Care Center**

Original annual Group 3 distribution to your facility	(A)	\$2,345,773
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,345,773
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,345,773

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July 26, 2022

Lisa Gurri
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688693100**

Dear Ms. Gurri:

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 represents 100% of your annual appropriation of \$2,522,794 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **688693100**

Facility Name (current) : **Brevard Health Alliance**

Original annual Group 3 distribution to your facility	(A)	\$2,522,794
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,522,794
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,522,794

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RON DESANTIS
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July 26, 2022

Rosalyn Frazier
Broward Community & Family Health Centers
5010 - 5012 Hollywood Boulevard
Hollywood, Florida 33021-6557

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680027100**

Dear Ms. Frazier:

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 represents 100% of your annual appropriation of \$614,608 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **680027100**

Facility Name (current) : **Broward Community & Family Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$614,608
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$614,608
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$614,608

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SECRETARY

July 26, 2022

Christopher F. Irizarry, MPA
C.L. Brumback Primary Care Clinics
1250 Southwinds Drive
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 008037100**

Dear Mr. Irizarry:

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 represents 100% of your annual appropriation of \$2,589,757 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **008037100**

Facility Name (current) : **C.L. Brumback Primary Care Clinics**

Original annual Group 3 distribution to your facility	(A)	\$2,589,757
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,589,757
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,589,757

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

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RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

July 26, 2022

Francis Afram-Gyening
Camillus Health Concern
336 Northwest 5th Street
Miami, Florida 33128-0000

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

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 represents 100% of your annual appropriation of \$1,237,700 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **680002500**

Facility Name (current) : **Camillus Health Concern**

Original annual Group 3 distribution to your facility	(A)	\$1,237,700
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,237,700
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,237,700

[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

July 26, 2022

Rick Siclari
Care Resource Community Health Centers
871 West Oakland Park Boulevard
Wilton Manors, Florida 33311-1731

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 003407900**

Dear Mr. Siclari:

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 represents 100% of your annual appropriation of \$2,700,259 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **003407900**

Facility Name (current) : **Care Resource Community Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$2,700,259
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,700,259
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,700,259

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

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RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

July 26, 2022

T. Delores Dunn, MS
Center for Family and Child Enrichment
1825 Northwest 167th Street
Miami Gardens, Florida 33056-4838

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010930500**

Dear Ms. Dunn:

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 represents 100% of your annual appropriation of \$667,906 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **010930500**

Facility Name (current) : **Center for Family and Child Enrichment**

Original annual Group 3 distribution to your facility	(A)	\$667,906
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$667,906
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$667,906

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RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

July 26, 2022

Melissa Parker
CenterPlace Health
2200 Ringling Blvd
Sarasota, FL 34237

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 025148200**

Dear Ms. Parker:

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 represents 100% of your annual appropriation of \$612,873 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **025148200**

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

Original annual Group 3 distribution to your facility	(A)	\$612,873
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$612,873
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$612,873

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

July 26, 2022

Joy Johnson
Central Florida Health Care, Inc
109 West Wall Street
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029549300**

Dear Ms. 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 represents 100% of your annual appropriation of \$1,998,135 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029549300**

Facility Name (current) : **Central Florida Health Care, Inc**

Original annual Group 3 distribution to your facility	(A)	\$1,998,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,998,135
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,998,135

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RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

July 26, 2022

Mario Jardon
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688571300**

Dear Mr. Jardon:

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 represents 100% of your annual appropriation of \$1,715,177 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 Siara Johnson of my staff at (850) 412-4109.

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 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network**

Original annual Group 3 distribution to your facility	(A)	\$1,715,177
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,715,177
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,715,177

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RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

July 26, 2022

Elodie Dorso
Community Health Centers of Pinellas
1344 22nd Street South
Saint Petersburg, Florida 33712-2744

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029565500**

Dear Ms. Dorson:

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 represents 100% of your annual appropriation of \$2,726,198 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029565500**

Facility Name (current) : **Community Health Centers of Pinellas**

Original annual Group 3 distribution to your facility	(A)	\$2,726,198
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,726,198
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,726,198

[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

July 26, 2022

Margrette Brennan
Community Health Centers, Inc.
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029545100**

Dear Ms. Brennan:

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 represents 100% of your annual appropriation of \$3,023,686 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029545100**

Facility Name (current) : **Community Health Centers, Inc.**

Original annual Group 3 distribution to your facility	(A)	\$3,023,686
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$3,023,686
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$3,023,686

[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

July 26, 2022

Chandra Smiley
Community Health Northwest Florida
14 West Jordan Street
Pensacola, Florida 32501-1736

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 692990700**

Dear Ms. Smiley:

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 represents 100% of your annual appropriation of \$1,591,064 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **692990700**

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

Original annual Group 3 distribution to your facility	(A)	\$1,591,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,591,064
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,591,064

[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

July 26, 2022

Brodes H. Hartley, Jr.
Community Health of South Florida
10300 Southwest 216th Street
Miami, Florida 33190-0000

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029572800**

Dear Mr. Hartley:

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 represents 100% of your annual appropriation of \$7,833,893 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029572800**

Facility Name (current) : **Community Health of South Florida**

Original annual Group 3 distribution to your facility	(A)	\$7,833,893
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$7,833,893
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$7,833,893

[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

July 26, 2022

Belita Wyatt
Empower-U
7900 Northwest 27th Avenue
Miami, Florida 33147-4909

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010739700**

Dear Ms. Wyatt:

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 represents 100% of your annual appropriation of \$229,828 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **010739700**

Facility Name (current) : **Empower-U**

Original annual Group 3 distribution to your facility	(A)	\$229,828
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$229,828
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$229,828

[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

July 26, 2022

Dr. Frank Mazzeo Jr.
Family Health Centers of Southwest Florida
2232 Grand Avenue
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

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 represents 100% of your annual appropriation of \$1,727,341 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029570100**

Facility Name (current) : **Family Health Centers of Southwest Florida**

Original annual Group 3 distribution to your facility	(A)	\$1,727,341
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,727,341
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,727,341

[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

July 26, 2022

Laurie Asbury
Family Health Source
216 North Frederick Street
Pierson, Florida 32180-0000

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687955100**

Dear Ms. Asbury:

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 represents 100% of your annual appropriation of \$187,342 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **687955100**

Facility Name (current) : **Family Health Source**

Original annual Group 3 distribution to your facility	(A)	\$187,342
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$187,342
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$187,342

[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

July 26, 2022

Wihelmina Lewis, MD
Florida Community Health Centers, Inc.
1871 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7567

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 684660200**

Dear Dr. Lewis:

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 represents 100% of your annual appropriation of \$2,139,479 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **684660200**

Facility Name (current) : **Florida Community Health Centers, Inc.**

Original annual Group 3 distribution to your facility	(A)	\$2,139,479
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,139,479
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,139,479

[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

July 26, 2022

Yolette Bonnet
FoundCare
2330 South Congress Avenue
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001182600**

Dear Ms. Bonnet:

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 represents 100% of your annual appropriation of \$2,074,285 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **001182600**

Facility Name (current) : **FoundCare**

Original annual Group 3 distribution to your facility	(A)	\$2,074,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,074,285
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,074,285

[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

July 26, 2022

DeAnna Warren
Genesis Community Health
2815 South Seacrest Boulevard
Palm Beach, Florida 33435-7934

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006608600**

Dear Ms. Warren:

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 represents 100% of your annual appropriation of \$132,311 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **006608600**

Facility Name (current) : **Genesis Community Health**

Original annual Group 3 distribution to your facility	(A)	\$132,311
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$132,311
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$132,311

[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

July 26, 2022

Emily Ptaszek
Healthcare Network of Southwest Florida
1454 Madison Avenue
Immokalee, FL 34142

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029152800**

Dear Dr. Ptaszek:

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 represents 100% of your annual appropriation of \$1,138,339 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029152800**

Facility Name (current) : **Healthcare Network of Southwest Florida**

Original annual Group 3 distribution to your facility	(A)	\$1,138,339
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,138,339
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,138,339

[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

July 26, 2022

Jamie Ulmer
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001718300**

Dear Mr. Ulmer:

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 represents 100% of your annual appropriation of \$1,017,746 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **001718300**

Facility Name (current) : **Heart of Florida Health Center**

Original annual Group 3 distribution to your facility	(A)	\$1,017,746
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,017,746
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,017,746

[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

July 26, 2022

Annie Neasman, MS, RN
Jessie Trice Community Health System
901 East 10th Avenue
Hialeah, Florida 33010-3762

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029540000**

Dear Ms. Neasman:

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 represents 100% of your annual appropriation of \$1,898,661 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029540000**

Facility Name (current) : **Jessie Trice Community Health System**

Original annual Group 3 distribution to your facility	(A)	\$1,898,661
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,898,661
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,898,661

[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

July 26, 2022

Joseph Hanratty
Langley Health Services
1425 S. US Highway 301
Sumterville, FL 33585

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029547700**

Dear Mr. Hanratty:

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 represents 100% of your annual appropriation of \$715,068 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029547700**

Facility Name (current) : **Langley Health Services**

Original annual Group 3 distribution to your facility	(A)	\$715,068
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$715,068
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$715,068

[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

July 26, 2022

Robert Johns
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, Florida 33903-4818

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 014789100**

Dear Mr. Johns:

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 represents 100% of your annual appropriation of \$412,041 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **014789100**

Facility Name (current) : **Lee Community Healthcare**

Original annual Group 3 distribution to your facility	(A)	\$412,041
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$412,041
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$412,041

[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

July 26, 2022

Walter L. Presha
MCR Health
12271 US Highway 301 North
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029561200**

Dear Mr. Presha:

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 represents 100% of your annual appropriation of \$4,589,539 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029561200**

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

Original annual Group 3 distribution to your facility	(A)	\$4,589,539
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$4,589,539
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$4,589,539

[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

July 26, 2022

Mark L. Rabinowitz
Miami Beach Community Health Center
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029544200**

Dear Mr. Rabinowitz:

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 represents 100% of your annual appropriation of \$2,898,482 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029544200**

Facility Name (current) : **Miami Beach Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$2,898,482
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,898,482
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,898,482

[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

July 26, 2022

Jeanne Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 262263700**

Dear Ms. Freeman:

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 represents 100% of your annual appropriation of \$504,987 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **262263700**

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

Original annual Group 3 distribution to your facility	(A)	\$504,987
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$504,987
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$504,987

[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

July 26, 2022

Amie Johns
New River Community Health Center
495 East Main Street
Lake Butler, Florida 32054-1731

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010946400**

Dear Ms. Johns:

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 represents 100% of your annual appropriation of \$162,682 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **010946400**

Facility Name (current) : **New River Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$162,682
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$162,682
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$162,682

[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

July 26, 2022

Edward Mesco
North Broward Hospital District
1608 Southeast 3rd Avenue
Fort Lauderdale, Florida 33316

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060075002**

Dear Mr. Mesco:

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 represents 100% of your annual appropriation of \$520,588 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **060075002**

Facility Name (current) : **North Broward Hospital District**

Original annual Group 3 distribution to your facility	(A)	\$520,588
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$520,588
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$520,588

[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

July 26, 2022

Lane Lunn
North Florida Medical Centers
255 West River Road
Wewahitchka, Florida 32465-4533

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029568000**

Dear Ms. Lunn:

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 represents 100% of your annual appropriation of \$602,904 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029568000**

Facility Name (current) : **North Florida Medical Centers**

Original annual Group 3 distribution to your facility	(A)	\$602,904
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$602,904
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$602,904

[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

July 26, 2022

John Goodrich
Orange Blossom Family Health
232 North Orange Blossom Trail
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687429100**

Dear Mr. Goodrich:

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 represents 100% of your annual appropriation of \$1,223,100 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **687429100**

Facility Name (current) : **Orange Blossom Family Health**

Original annual Group 3 distribution to your facility	(A)	\$1,223,100
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,223,100
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,223,100

[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

July 26, 2022

Belinda Johnson-Cornett
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, Florida 24759

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

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 represents 100% of your annual appropriation of \$440,209 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **020530900**

Facility Name (current) : **Osceola Community Health Services**

Original annual Group 3 distribution to your facility	(A)	\$440,209
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$440,209
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$440,209

[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

July 26, 2022

Anita Riels
Palms Medical Group
911 South Main Street
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029506000**

Dear Ms. Riels:

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 represents 100% of your annual appropriation of \$1,769,908 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029506000**

Facility Name (current) : **Palms Medical Group**

Original annual Group 3 distribution to your facility	(A)	\$1,769,908
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,769,908
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,769,908

[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

July 26, 2022

R. Michael Hill
PanCare Health
2309 East 15th Street
Panama City, Florida 32405-6345

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 689693600**

Dear Mr. Hill:

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 represents 100% of your annual appropriation of \$1,264,194 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **689693600**

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

Original annual Group 3 distribution to your facility	(A)	\$1,264,194
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,264,194
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,264,194

[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

July 26, 2022

Daisy Rodriguez
Pinellas Health and Human Services
647 1st Avenue North
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688412100**

Dear Ms. Rodriguez:

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 represents 100% of your annual appropriation of \$538,137 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **688412100**

Facility Name (current) : **Pinellas Health and Human Services**

Original annual Group 3 distribution to your facility	(A)	\$538,137
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$538,137
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$538,137

[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

July 26, 2022

Joseph D. Resnick, MHA, FACHE
Premier Community HealthCare Group
14027 5th Street
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029550700**

Dear Mr. Resnick:

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 represents 100% of your annual appropriation of \$1,796,639 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029550700**

Facility Name (current) : **Premier Community HealthCare Group**

Original annual Group 3 distribution to your facility	(A)	\$1,796,639
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,796,639
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,796,639

[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

July 26, 2022

Rochelle Pearson
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard
Key West, Florida 33040-4566

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006558500**

Dear Ms. Pearson:

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 represents 100% of your annual appropriation of \$73,196 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **006558500**

Facility Name (current) : **Rural Health Network of Monroe County**

Original annual Group 3 distribution to your facility	(A)	\$73,196
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$73,196
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$73,196

[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

July 26, 2022

Cindy Funkhouser
Sulzbacher Center
611 East Adams Street
Jacksonville, Florida 32202-2847

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 686032000**

Dear Ms. Funkhouser:

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 represents 100% of your annual appropriation of \$754,413 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **686032000**

Facility Name (current) : **Sulzbacher Center**

Original annual Group 3 distribution to your facility	(A)	\$754,413
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$754,413
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$754,413

[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

July 26, 2022

Brad Herremans
Suncoast Community Health Centers
2814 14th Ave SE
Ruskin, Florida 33750-5471

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029557400**

Dear Mr. Herremans:

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 represents 100% of your annual appropriation of \$3,315,299 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029557400**

Facility Name (current) : **Suncoast Community Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$3,315,299
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$3,315,299
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$3,315,299

[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

July 26, 2022

Sherry Hoback
Tampa Family Health Centers
3901 South West Shor Boulevard
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029548500**

Dear Ms. Hoback:

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 represents 100% of your annual appropriation of \$3,635,992 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029548500**

Facility Name (current) : **Tampa Family Health Centers**

Original annual Group 3 distribution to your facility	(A)	\$3,635,992
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$3,635,992
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$3,635,992

[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

July 26, 2022

Vicki Soule, MBA, MS (FACHE)
Treasure Coast Community Health
12196 County Road 512
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680005000**

Dear Ms. Soule:

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 represents 100% of your annual appropriation of \$1,066,519 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **680005000**

Facility Name (current) : **Treasure Coast Community Health**

Original annual Group 3 distribution to your facility	(A)	\$1,066,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,066,519
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,066,519

[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

July 26, 2022

Latrice N. Stewart, MBA, CMP
True Health
4930 East Lake Mary Boulevard
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029551500**

Dear Ms. Stewart:

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 represents 100% of your annual appropriation of \$2,361,929 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **029551500**

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

Original annual Group 3 distribution to your facility	(A)	\$2,361,929
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,361,929
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,361,929

[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

July 26, 2022

Holly Holt
Walton Community Health Center
1338 South Boulevard
Chipley, Florida 32428-0000

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027976500**

Dear Ms. Holt:

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 represents 100% of your annual appropriation of \$377,905 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **027976500**

Facility Name (current) : **Walton Community Health Center**

Original annual Group 3 distribution to your facility	(A)	\$377,905
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$377,905
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$377,905

[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

July 26, 2022

Marie Andress
Whole Family Health Center
1775 US-1
Vero Beach, FL 32960

**RE: State Fiscal Year 2021- 2022
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 022558502**

Dear Ms. Andress:

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 represents 100% of your annual appropriation of \$184,620 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 Siara Johnson of my staff at (850) 412-4109.

Sincerely,

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

MC:sj

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2021 – 2022 Annual Payment

Medicaid Number : **022558502**

Facility Name (current) : **Whole Family Health Center**

Original annual Group 3 distribution to your facility	(A)	\$184,620
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual payments	(A – B) = (C)	\$184,620
Total of your Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Payment [1] [2]	(C – D) = (E)	\$184,620

[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.