



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Robert Deininger
AdventHealth Fish Memorial
1055 Saxon Blvd
Orange City, FL 32763

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010182600**

Dear Mr. Deininger:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$610,871 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:

2727 Mahan Drive • Mail Stop # 23
Tallahassee, FL 32308
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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010182600**

Facility Name (current) : **AdventHealth Fish Memorial**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$610,871
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$610,871
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$610,871

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Denyse Bales-Chubb
AdventHealth Tampa
3100 E Fletcher Ave
Tampa, FL 33613

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,850,639 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010102800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,850,639
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,850,639
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,850,639

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Amanda Maggard
AdventHealth Zephyrhills
7050 Gall Blvd
Zephyrhills, FL 33541

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010149400**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$546,173 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010149400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$546,173
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$546,173
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$546,173

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Ed Huble
Baptist Medical Center - Nassau
1250 S 18th St.
Fernandina Beach, FL 32034

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010123100**

Dear Mr. Huble:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$290,033 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010123100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$290,033
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$290,033
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$290,033

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Karen Kerr
Bartow Regional Medical Center
2200 Osprey Blvd
Bartow, FL 33830

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 012041300**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$407,694 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012041300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$407,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$407,694
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$407,694

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Amanda Maggard
Bayfront Dade City
13100 Fort King Rd.
Dade City, FL 33525

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010959200**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$326,001 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010959200**

Facility Name (current) : **Bayfront Dade City**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$326,001
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$326,001
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$326,001

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Brett Esrock
Cape Canaveral Hospital
701 W Cocoa Beach Cswy
Cocoa Beach, FL 32931

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010009900**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$741,205 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010009900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$741,205
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$741,205
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$741,205

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Robert L. Lord Jr.
Cleveland Clinic Martin North Hospital
200 SE Hospital Ave
Stuart, FL 34994

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010118400**

Dear Mr. Lord:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,970,993 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010118400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,970,993
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,970,993
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,970,993

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Richard L. Freeburg
Fishermen's Community Hospital
3301 Overseas Hwy
Marathon, FL 33050

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010120600**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$79,407 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010120600**

Facility Name (current) : **Fishermen's Community Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$79,407
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$79,407
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$79,407

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Brett Esrock
Holmes Regional Medical Center
1350 S Hickory St.
Melbourne, FL 32901

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010008100**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,624,206 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010008100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,624,206
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,624,206
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,624,206

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

William Ulbricht
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010226100**

Dear Mr. Ulbricht:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,794,643 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010226100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,794,643
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,794,643
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,794,643

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

J. Gregory Rosencrance, MD
Indian River Medical Center
1000 36th St.
Vero Beach, FL 32960

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010104400**

Dear Dr. Rosencrance:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$900,972 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010104400**

Facility Name (current) : **Indian River Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$900,972
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$900,972
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$900,972

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Michael T. Hutchins
Jay Hospital
14114 Alabama St.
Jay, FL 32565

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010173700**

Dear Mr. Hutchins:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$62,947 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010173700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$62,947
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$62,947
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$62,947

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Rebecca T. Brewer
Lake Wales Medical Center
410 S 11th St.
Lake Wales, FL 33853

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010166400**

Dear Ms. Brewer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$340,945 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010166400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$340,945
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$340,945
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$340,945

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Donald G. Henderson
Leesburg Regional Medical Center
600 E Dixie Ave
Leesburg, FL 34748

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010107900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$458,812 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010107900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$458,812
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$458,812
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$458,812

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Kevin DiLallo
Manatee Memorial Hospital
206 2nd St E
Bradenton, FL 34208

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,844,495 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010116800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,844,495
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,844,495
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,844,495

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Richard L. Freeburg
Mariners Hospital
91500 Overseas Hwy
Tavernier, FL 33070

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010121400**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$275,977 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010121400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$275,977
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$275,977
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$275,977

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Glenn Davenport Waters
Mease Dunedin Hospital
601 Main St.
Dunedin, FL 34698

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010154100**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$469,597 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010154100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$469,597
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$469,597
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$469,597

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Glenn Davenport Waters
Morton Plant Hospital
300 Pinellas St.
Clearwater, FL 33756

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010158300**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,504,438 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010158300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,504,438
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$2,504,438
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,504,438

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Brandon May
Morton Plant North Hospital
6600 Madison St
New Port Richie, FL 34652

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010150800**

Dear Mr. May:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,165,146 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010150800**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,165,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,165,146
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,165,146

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Brett Esrock
Palm Bay Hospital
1425 Malabar Rd. NE
Palm Bay, FL 32907

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 003297500**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$826,836 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **003297500**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$826,836
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$826,836
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$826,836

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Roger L. Hall
Sacred Heart Hospital on The Emerald Coast
7800 US Hwy 98 W
Miramar Beach, FL 32550

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010323300**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$577,053 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010323300**

Facility Name (current) : **Sacred Heart Hospital on The Emerald Coast**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$577,053
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$577,053
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$577,053

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Roger L. Hall
Sacred Heart Hospital on The Gulf
3801 E Hwy 98
Port Saint Joe, FL 32456

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 002012700**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$160,046 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **002012700**

Facility Name (current) : **Sacred Heart Hospital on The Gulf**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$160,046
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$160,046
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$160,046

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Glenn Davenport Waters
South Florida Baptist Hospital
301 N Alexander St.
Plant City, FL 33563

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010098600**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$669,047 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010098600**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$669,047
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$669,047
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$669,047

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Lance Sewell
South Lake Hospital
1900 Don Wickham Dr
Clermont, FL 34711

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010108700**

Dear Mr. Sewell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$978,492 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010108700**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$978,492
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$978,492
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$978,492

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Glenn Davenport Waters
St. Anthony's Hospital
1200 Seventh Ave N
Saint Petersburg, FL 33705

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 012022700**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,923,539 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012022700**

Facility Name (current) : **St. Anthony's Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,923,539
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,923,539
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,923,539

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Heather Long
UF Health The Villages
1451 El Camino Real
The Villages, FL 32159

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010317900**

Dear Ms. Long:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$217,785 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:

2727 Mahan Drive • Mail Stop # 23
Tallahassee, FL 32308
AHCA.MyFlorida.com



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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010317900**

Facility Name (current) : **UF Health The Villiages**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$217,785
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$217,785
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$217,785

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Glenn Davenport Waters
Winter Haven Hospital
200 Ave F NE
Winter Haven, FL 33881

**RE: State Fiscal Year 2022- 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment
Medicaid Number: 010169900**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,499,208 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,499,208
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A - B) = (C)	\$1,499,208
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,499,208

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