



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$125,438,306 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,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010129000**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$125,438,306
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$125,438,306
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$125,438,306

[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

March 23, 2023

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

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 012037500**

Dear Mr. LeMount:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$22,630,817 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,

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

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012037500**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$22,630,817
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$22,630,817
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$22,630,817

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March 23, 2023

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

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$19,754,521 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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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010046300**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$19,754,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$19,754,521
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$19,754,521

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

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

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 010133800**

Dear Mr. Strong:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$109,237,427 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010133800**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$109,237,427
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$109,237,427
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$109,237,427

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SECRETARY

March 23, 2023

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

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 3 Distribution
Medicaid Number: 011988100**

Dear Ms. Temple:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 represents 100% (rounded) of your annual appropriation of \$15,412,723 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,

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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011988100**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$15,412,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 3 Payments	(A - B) = (C)	\$15,412,723
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 3 Payment [1] [2]	(E)	\$15,412,723

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