



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Heath Evans
Bay Medical Center Sacred Heart Health System
615 N Bonita Ave
Panama City, FL 32401

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010006400**

Dear Mr. Evans:

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 \$8,615,142 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010006400**

Facility Name (current) : **Bay Medical Center Sacred Heart Health System**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$8,615,142
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$8,615,142
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$8,615,142

[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

JASON WEIDA
SECRETARY

March 23, 2023

John McLain
Bayfront Health - St Petersburg
701 6th St S
St Petersburg, FL 33701

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010156700**

Dear Mr. McLain:

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 \$23,972,322 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health - St Petersburg**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$23,972,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$23,972,322
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$23,972,322

[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

JASON WEIDA
SECRETARY

March 23, 2023

Tripp Owings
Brandon Regional Hospital
119 Oakfield DR
Brandon, FL 33511

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011807900**

Dear Mr. Owings:

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 \$28,961,691 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011807900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$28,961,691
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$28,961,691
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$28,961,691

[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

JASON WEIDA
SECRETARY

March 23, 2023

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$1,050,998 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,050,998
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,050,998
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,050,998

[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

JASON WEIDA
SECRETARY

March 23, 2023

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010821900**

Dear Mr. Gross:

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 \$871,155 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$871,155
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$871,155
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$871,155

[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

JASON WEIDA
SECRETARY

March 23, 2023

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010012900**

Dear Ms. Havericak:

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 \$10,160,216 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$10,160,216
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$10,160,216
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$10,160,216

[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

JASON WEIDA
SECRETARY

March 23, 2023

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010021800**

Dear Ms. Taylor:

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 \$2,917,631 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,917,631
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,917,631
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,917,631

[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

JASON WEIDA
SECRETARY

March 23, 2023

Scott Kashman
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, FL 33990

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011971700**

Dear Mr. Kashman:

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 \$12,185,278 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011971700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$12,185,278
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$12,185,278
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$12,185,278

[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

JASON WEIDA
SECRETARY

March 23, 2023

Vincent Sica
De Soto Memorial Hospital
900 N Robert Ave
Arcadia, FL 34266

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010192300**

Dear Mr. Sica:

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 \$3,049,468 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010192300**

Facility Name (current) : **De Soto Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,049,468
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$3,049,468
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$3,049,468

[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

JASON WEIDA
SECRETARY

March 23, 2023

Jo Ann M. Baker
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010103600**

Dear Ms. Baker:

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 \$238,204 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010103600**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$238,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$238,204
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$238,204

[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

JASON WEIDA
SECRETARY

March 23, 2023

Tiffany Varnadoe
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010004800**

Dear Ms. Varnadoe:

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 \$2,084,162 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,084,162
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,084,162
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,084,162

[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

JASON WEIDA
SECRETARY

March 23, 2023

David Walker
George E. Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010080300**

Dear Mr. Walker:

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 \$684,887 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E. Weems Memorial Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$684,887
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$684,887
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$684,887

[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

JASON WEIDA
SECRETARY

March 23, 2023

Lawrence R. Antonucci
Gulf Coast Medical Center Lee Memorial Health System
13681 Doctors Way
Fort Myers, FL 33912

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011134100**

Dear Mr. Antonucci:

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 \$15,707,545 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011134100**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial Health System**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$15,707,545
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$15,707,545
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$15,707,545

[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

JASON WEIDA
SECRETARY

March 23, 2023

Patrick Hwu
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Dr
Tampa, FL 33612

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012032400**

Dear Dr. Hwu:

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 \$27,734,966 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012032400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$27,734,966
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$27,734,966
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$27,734,966

[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

JASON WEIDA
SECRETARY

March 23, 2023

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010184200**

Dear Mr. Feasel:

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 \$33,629,638 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010184200**

Facility Name (current) : **Halifax Health Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$33,629,638
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$33,629,638
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$33,629,638

[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

JASON WEIDA
SECRETARY

March 23, 2023

Raymond D. Williams
Hendry Regional Medical Center
524 W Sagamore Ave
Clewiston, FL 33440

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010086200**

Dear Mr. Williams:

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 \$1,442,590 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010086200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,442,590
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,442,590
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,442,590

[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

JASON WEIDA
SECRETARY

March 23, 2023

Carrol James Platt
Jackson Hospital
4250 Hospital Dr.
Marianna, FL 32446

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010106100**

Dear Mr. Platt:

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 \$1,927,671 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010106100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,927,671
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,927,671
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,927,671

[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

JASON WEIDA
SECRETARY

March 23, 2023

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010042100**

Dear Mr. Migoya:

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 \$195,000,000 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010042100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$195,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$195,000,000
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$195,000,000

[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

JASON WEIDA
SECRETARY

March 23, 2023

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010151600**

Dear Mr. Kmetz:

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 \$5,711,463 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010151600**

Facility Name (current) : **Johns Hopkins All Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$5,711,463
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$5,711,463
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$5,711,463

[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

JASON WEIDA
SECRETARY

March 23, 2023

Paula Webb
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010822700**

Dear Ms. Webb:

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 \$829,592 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010822700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$829,592
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$829,592
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$829,592

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 23, 2023

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010144300**

Dear Ms. Davis:

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 \$412,828 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010144300**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$412,828
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$412,828
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$412,828

[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

JASON WEIDA
SECRETARY

March 23, 2023

Drialys Perez
Larkin Community Hospital
7031 SW 62nd Ave
South Miami, FL 33143

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 012005700**

Dear Ms. Perez:

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 \$2,307,176 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012005700**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,307,176
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$2,307,176
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$2,307,176

[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

JASON WEIDA
SECRETARY

March 23, 2023

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

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 011974100**

Dear Mr. Rudd:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$19,344,181 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011974100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$19,344,181
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$19,344,181
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$19,344,181

[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

JASON WEIDA
SECRETARY

March 23, 2023

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010110900**

Dear Mr. Antonucci:

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 \$39,654,318 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010110900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$39,654,318
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$39,654,318
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$39,654,318

[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

JASON WEIDA
SECRETARY

March 23, 2023

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

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 \$8,023,590 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010345400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$8,023,590
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$8,023,590
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$8,023,590

[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

JASON WEIDA
SECRETARY

March 23, 2023

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010222900**

Dear Mr. Doyle:

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 \$16,978,002 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010222900**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$16,978,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$16,978,002
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$16,978,002

[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

JASON WEIDA
SECRETARY

March 23, 2023

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010252100**

Dear Ms. Carpenter:

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 \$23,846,705 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010252100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$23,846,705
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$23,846,705
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$23,846,705

[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

JASON WEIDA
SECRETARY

March 23, 2023

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010020000**

Dear Mr. Ross:

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 \$69,548,642 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010020000**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$69,548,642
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$69,548,642
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$69,548,642

[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

JASON WEIDA
SECRETARY

March 23, 2023

R Lawrence Moss, MD, FACS, FAAP
Nemours Children's Hospital
6535 Nemours Pkwy
Orlando, FL 32827

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 004087600**

Dear Dr. Moss:

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 \$1,404,512 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **004087600**

Facility Name (current) : **Nemours Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,404,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,404,512
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,404,512

[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

JASON WEIDA
SECRETARY

March 23, 2023

Mathew Love
Nicklaus Children's Hospital
3100 SW 62nd Ave
Miami, FL 33155

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010060900**

Dear Mr. Love:

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 \$469,131 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010060900**

Facility Name (current) : **Nicklaus Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$469,131
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$469,131
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$469,131

[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

JASON WEIDA
SECRETARY

March 23, 2023

George Mikitarian
Parrish Medical Center
951 N Washington Ave
Titusville, FL 32796

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

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 \$4,963,256 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010010200**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$4,963,256
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$4,963,256
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$4,963,256

[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

JASON WEIDA
SECRETARY

March 23, 2023

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010176100**

Dear Mr. Verinder:

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 \$14,402,023 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010176100**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,402,023
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$14,402,023
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$14,402,023

[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

JASON WEIDA
SECRETARY

March 23, 2023

Dawn Rudolph
Sacred Heart Hospital
5151 N 9th Ave
Pensacola, FL 32504

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010076500**

Dear Ms. Rudolph:

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 \$30,083,589 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010076500**

Facility Name (current) : **Sacred Heart Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$30,083,589
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$30,083,589
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$30,083,589

[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

JASON WEIDA
SECRETARY

March 23, 2023

Ron Baker
St. Mary's Medical Center
901 45th St
West Palm Beach, FL 33407

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010148600**

Dear Mr. Baker:

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 \$15,685,386 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010148600**

Facility Name (current) : **St. Mary's Medical Center**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$15,685,386
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$15,685,386
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$15,685,386

[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

JASON WEIDA
SECRETARY

March 23, 2023

John Couris
Tampa General Hospital
1 Tampa General Cir
Tampa, FL 33606

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010099400**

Dear Mr. Couris:

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 \$80,310,454 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010099400**

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$80,310,454
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$80,310,454
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$80,310,454

[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

JASON WEIDA
SECRETARY

March 23, 2023

David Nelson
UF Health Shands Hospital
1600 SW Archer Rd
Gainesville, FL 32610

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010003000**

Dear Dr. Nelson:

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 \$57,054,154 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 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$57,054,154
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$57,054,154
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$57,054,154

[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

JASON WEIDA
SECRETARY

March 23, 2023

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010067600**

Dear Dr. Haley:

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 \$59,823,998 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$59,823,998
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$59,823,998
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$59,823,998

[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

JASON WEIDA
SECRETARY

March 23, 2023

Adrian Hugh Greene
Wolfson Children's Hospital
800 Prudential Dr.
Jacksonville, FL 32207

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution
Medicaid Number: 010064106**

Dear Mr. Greene:

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 \$1,321,779 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:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010064106**

Facility Name (current) : **Wolfson Children's Hospital**

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,321,779
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 2 Payments	(A - B) = (C)	\$1,321,779
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 2 Payment [1] [2]	(E)	\$1,321,779

[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.