



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Mike Thompson  
AdventHealth Carrollwood  
7171 N Dale Mabry Hwy  
Tampa, FL 33614

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010094300**

Dear Mr. Thompson:

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 \$63,768 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010094300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$63,768
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$63,768
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$63,768</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Eric Lunde  
AdventHealth DeLand  
701 Plymouth Ave  
DeLand, FL 32720

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010187700**

Dear Mr. Lunde:

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 \$72,108 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010187700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$72,108
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$72,108
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$72,108</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010228800**

Dear Ms. Barnhart:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$50,484 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010228800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$50,484
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$50,484
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$50,484</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010186900**

Dear Mr. Noseworthy:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$92,921 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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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010186900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$92,921
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$92,921
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$92,921</b>

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

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





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SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010183400**

Dear Mr. Hernandez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$45,183 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

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Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010183400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$45,183
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$45,183
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$45,183</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010161300**

Dear Mr. Dunkel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$46,320 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010161300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$46,320
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$46,320
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$46,320</b>

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

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RON DESANTIS  
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JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010117600**

Dear Mr. Johnson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$134,718 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

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010117600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$134,718
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$134,718
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$134,718</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010189300**

Dear Mr. Jimenez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$58,556 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010189300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$58,556
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$58,556
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$58,556</b>

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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 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010090100**

Dear Mr. Surber:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$55,052 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010090100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$55,052
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$55,052
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$55,052</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010109500**

Dear Mr. Biri:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$100,371 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010109500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$100,371
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$100,371
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$100,371</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 005456800**

Dear Mr. Wangsness:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$51,439 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **005456800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$51,439
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$51,439
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$51,439</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010073100**

Dear Mr. Impicciche:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$155,236 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010073100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$155,236
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$155,236
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$155,236</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 009701300**

Dear Mr. VanOsdol:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$58,834 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **009701300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$58,834
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$58,834
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$58,834</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010373000**

Dear Mr. Vanosdol:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$81,121 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010373000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$81,121
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$81,121
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$81,121</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010074900**

Dear Mr. Faulkner:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$130,651 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010074900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$130,651
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$130,651
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$130,651</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010035800**

Dear Mr. Boulenger:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$291,244 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010035800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$291,244
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$291,244
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$291,244</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010232600**

Dear Mr. Mitrick:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$71,757 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010232600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$71,757
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$71,757
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$71,757</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010064100**

Dear Mr. McClung:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$503,416 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010064100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$503,416
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$503,416
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$503,416</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010087100**

Dear Mr. Wicker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$83,730 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010087100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$83,730
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$83,730
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$83,730</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010028500**

Dear Mr. Cerullo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$57,388 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010028500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$57,388
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$57,388
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$57,388</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010027700**

Dear Mr. Emery:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$37,536 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010027700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$37,536
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$37,536
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$37,536</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011998900**

Dear Ms. Stockton:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$36,244 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011998900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$36,244
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$36,244
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$36,244</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010140100**

Dear Mr. Lazo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$140,283 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010140100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$140,283
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$140,283
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$140,283</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011021300**

Dear Mr. Nierman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$183,761 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011021300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$183,761
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$183,761
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$183,761</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Lincoln Mendez  
Boca Raton Regional Hospital  
800 Meadows Rd  
Boca Raton, FL 33486

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010141900**

Dear Mr. Mendez:

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 \$13,070 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010141900**

Facility Name (current) : **Boca Raton Regional Hospital**

Annual Group 1 Tier 5 distribution to your facility	(A)	\$13,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$13,070
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$13,070</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010026900**

Dear Ms. Potter:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$742 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010026900**

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

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

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011980600**

Dear Mr. Keesee:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$166,934 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011980600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$166,934
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$166,934
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$166,934</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010178800**

Dear Mr. Abshier:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$164,650 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010178800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$164,650
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$164,650
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$164,650</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010219900**

Dear Ms. Carroll:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$72,114 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010219900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$72,114
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$72,114
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$72,114</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010960600**

Dear Ms. Jimenez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$49,167 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010960600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$49,167
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$49,167
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$49,167</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012009000**

Dear Ms. Gill:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$84,120 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012009000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$84,120
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$84,120
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$84,120</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010354300**

Dear Mr. Hernandez-Lichtl:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$32,148 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010354300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$32,148
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$32,148
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$32,148</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011995400**

Dear Mr. Meade:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$55,163 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011995400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$55,163
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$55,163
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$55,163</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010180000**

Dear Mr. Stone:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$2,606 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010180000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$2,606
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$2,606
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$2,606</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010253900**

Dear Mr. Ehrat:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$21,220 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010253900**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$21,220
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$21,220
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$21,220</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011746300**

Dear Mr. Hawley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$42,147 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011746300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$42,147
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$42,147
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$42,147</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010171100**

Dear Mr. Barrett:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$80,349 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010171100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$80,349
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$80,349
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$80,349</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011132500**

Dear Mr. Mongell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$174,359 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011132500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$174,359
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$174,359
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$174,359</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010152400**

Dear Ms. McCoy:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$98,660 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010152400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$98,660
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$98,660
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$98,660</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011761700**

Dear Mr. Griffin:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$146,754 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011761700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$146,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$146,754
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$146,754</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010188500**

Dear Mr. Beard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$1,601 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010188500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,601
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,601
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,601</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Michael Bell  
Hialeah Hospital  
651 E 25th St.  
Hialeah, FL 33013

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010041200**

Dear Mr. Bell:

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 \$73,698 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010041200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$73,698
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$73,698
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$73,698</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010089700**

Dear Mr. Mahaffey:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$25,064 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010089700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$25,064
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$25,064
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$25,064</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010018800**

Dear Mr. Strong:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$62,291 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010018800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$62,291
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$62,291
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$62,291</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010146000**

Dear Ms. Melby:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$384,898 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010146000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$384,898
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$384,898
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$384,898</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Amit Rastogi, MD, MHCM  
Jupiter Medical Center  
1210 S Old Dixie Hwy  
Jupiter, FL 33458

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012029400**

Dear Dr. Rastogi:

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 \$18,407 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

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

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012029400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$18,407
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$18,407
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$18,407</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011976800**

Dear Ms. Adams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$56,204 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011976800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$56,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$56,204
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$56,204</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010164800**

Dear Dr. Regan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$498,860 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010164800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$498,860
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$498,860
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$498,860</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010342000**

Dear Mr. Guz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$29,123 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010342000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,123
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$29,123
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$29,123</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011969500**

Dear Mr. Goldman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$278,767 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011969500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$278,767
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$278,767
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$278,767</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Cheryl McIntire  
Lehigh Regional Medical Center  
1500 Lee Blvd  
Lehigh Acres, FL 33936

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010111700**

Dear Ms. McIntire:

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 \$4,350 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010111700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$4,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$4,350
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$4,350</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010119200**

Dear Mr. Clay:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$53,878 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010119200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$53,878
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$53,878
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$53,878</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010115000**

Dear Ms. Wells Stevens:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$1,731 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010115000**

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

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

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012008100**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$98,695 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012008100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$98,695
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$98,695
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$98,695</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010552000**

Dear Mr. Wyers:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$141,851 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010552000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$141,851
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$141,851
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$141,851</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010193100**

Dear Mr. Talbert:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$294,015 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010193100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$294,015
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$294,015
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$294,015</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011279800**

Dear Ms. Wellman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$103,389 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011279800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$103,389
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$103,389
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$103,389</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Paul Hiltz  
Naples Community Hospital  
350 7th St N  
Naples, FL 34102

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010031500**

Dear Mr. Hiltz:

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 \$105,250 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010031500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$105,250
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$105,250
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$105,250</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Robert Quattrocchi  
Northside Hospital  
6000 49th St N  
St Petersburg, FL 33709

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011519300**

Dear Mr. Quattrocchi:

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 \$133,729 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011519300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$133,729
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$133,729
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$133,729</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010126500**

Dear Mr. Daves:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$30,511 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010126500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$30,511
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$30,511
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$30,511</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010049800**

Dear Mr. Racicot:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$238,322 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010049800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$238,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$238,322
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$238,322</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010190700**

Dear Mr. Kozar:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$1,010 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010190700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$1,010
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$1,010
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$1,010</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010459100**

Dear Ms. Gulrich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$109,216 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,

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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010459100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$109,216
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$109,216
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$109,216</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011174100**

Dear Ms. Valentine:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$287,042 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011174100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$287,042
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$287,042
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$287,042</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010135400**

Dear Mr. Schroeder:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$156,259 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010135400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$156,259
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$156,259
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$156,259</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 021094100**

Dear Mr. Donahey:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$66,490 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **021094100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$66,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$66,490
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$66,490</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010210500**

Dear Ms. Urquhart:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$54,331 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010210500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$54,331
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$54,331
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$54,331</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010460400**

Dear Ms. Mederos:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$146,489 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010460400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$146,489
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$146,489
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$146,489</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012011100**

Dear Mr. Fisher:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$42,459 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012011100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$42,459
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$42,459
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$42,459</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$75,675 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012026000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$75,675
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$75,675
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$75,675</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010314400**

Dear Mr. Lowe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$82,440 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010314400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$82,440
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$82,440
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$82,440</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012000600**

Dear Ms. Nava:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$260,196 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012000600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$260,196
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$260,196
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$260,196</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 009268300**

Dear Mr. Cosby:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$67,374 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **009268300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$67,374
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$67,374
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$67,374</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011351400**

Dear Mr. Dooley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$62,023 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,

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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011351400**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$62,023
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$62,023
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$62,023</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011975000**

Dear Mr. Melear:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$40,012 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011975000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$40,012
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$40,012
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$40,012</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010011100**

Dear Mr. Romine:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$51,915 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010011100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$51,915
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$51,915
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$51,915</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010174500**

Dear Mr. Peterson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$37,341 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010174500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$37,341
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$37,341
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$37,341</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011994600**

Dear Mr. Bender:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$36,335 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011994600**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$36,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$36,335
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$36,335</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010058700**

Dear Mr. Duquette:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$106,414 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010058700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$106,414
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$106,414
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$106,414</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010346200**

Dear Mr. Burish:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$39,289 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010346200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$39,289
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$39,289
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$39,289</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Richard Boehler  
St. Joseph's Hospital  
3001 W Dr Martin Luther King Jr. Blvd  
Hillsborough, FL 33607

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010097806**

Dear Mr. Boehler:

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 \$513,011 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010097806**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$513,011
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$513,011
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$513,011</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011997100**

Dear Mr. Finnegan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$106,600 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011997100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$106,600
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$106,600
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$106,600</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012010300**

Dear Mr. Wicker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$83,168 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012010300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$83,168
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$83,168
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$83,168</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$217,681 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010113300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$217,681
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$217,681
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$217,681</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010125700**

Dear Mr. Whalen:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$24,284 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010125700**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$24,284
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$24,284
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$24,284</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011280100**

Dear Mr. Harris:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$96,038 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011280100**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$96,038
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$96,038
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$96,038</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 003158800**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$29,766 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **003158800**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$29,766
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$29,766
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$29,766</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010213000**

Dear Ms. Tahan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$78,490 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010213000**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$78,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$78,490
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$78,490</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 012024300**

Dear Mr. Rizzuto:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$61,473 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **012024300**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$61,473
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$61,473
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$61,473</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011321200**

Dear Mr. Baumgardner:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$168,272 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011321200**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$168,272
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$168,272
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$168,272</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 003226500**

Dear Ms. Boue:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$93,099 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **003226500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$93,099
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$93,099
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$93,099</b>

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

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



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 010062500**

Dear Mr. Garcia:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$6,007 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010062500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$6,007
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$6,007
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$6,007</b>

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

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





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

March 22, 2023

Mary Swartz Lynn  
Westside Regional Medical Center  
8201 W Broward Blvd  
Plantation, FL 33324

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 5 Distribution  
Medicaid Number: 011230500**

Dear Ms. Lynn:

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 \$105,777 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 5

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **011230500**

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

Annual Group 1 Tier 5 distribution to your facility	(A)	\$105,777
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 5 Payments</b>	(A - B) = (C)	\$105,777
Total of your Group 1 Tier 5 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 5 Payment [1] [2]</b>	(E)	<b>\$105,777</b>

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

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