



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 13, 2023

Conor Delaney, MD., Ph.D.  
Cleveland Clinic Hospital  
3100 Weston Rd  
Weston, FL 33331

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 10220200**

Dear Dr. Delaney:

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 \$245,167 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,

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 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10220200**

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

|   |               |                  |
|---|---------------|------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$245,167        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$245,167        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0              |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$245,167</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

February 13, 2023

Brandon Haushalter  
Kendall Regional Medical Center  
11750 SW 40th St  
Miami, FL 33175

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 12013800**

Dear Mr. Haushalter:

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 \$2,325,998 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **12013800**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$2,325,998        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0                |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$2,325,998        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0                |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$2,325,998</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

February 13, 2023

Yoely Hernandez  
Larkin Community Hospital Palm Springs Campus  
1475 West 49th St  
Hialeah, FL 33012

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 10053600**

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 \$11,106 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 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10053600**

Facility Name (current) : **Larkin Community Hospital Palm Springs Campus**

|   |               |                 |
|---|---------------|-----------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$11,106        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0             |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$11,106        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0             |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$11,106</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**

February 13, 2023

Gianrico Farrugia, MD.  
Mayo Clinic  
4500 San Pablo Rd S  
Jacksonville, FL 32224

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 10072200**

Dear Dr. Farrugia:

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 \$203,923 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10072200**

Facility Name (current) : **Mayo Clinic**

|   |               |                  |
|---|---------------|------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$203,923        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$203,923        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0              |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$203,923</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

February 13, 2023

Eric Lawson  
North Florida Regional Medical Center  
6500 W Newberry Rd  
Gainesville, FL 32605

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 10862600**

Dear Mr. Lawson:

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 \$1,810,299 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 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10862600**

Facility Name (current) : **North Florida Regional Medical Center**

|   |               |                    |
|---|---------------|--------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$1,810,299        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0                |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$1,810,299        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0                |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$1,810,299</b> |

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 13, 2023

Ken Wicker  
Oak Hill Hospital  
11375 Cortez Blvd  
Spring Hill, FL 34613

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 12007300**

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 \$792,600 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,

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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 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **12007300**

Facility Name (current) : **Oak Hill Hospital**

|   |               |                  |
|---|---------------|------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$792,600        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$792,600        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0              |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$792,600</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

February 13, 2023

Alan Keesee  
Ocala Regional Medical Center  
1431 SW 1st Ave  
Ocala, FL 34471

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 10988600**

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 \$2,395,470 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 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10988600**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$2,395,470        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0                |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$2,395,470        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0                |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$2,395,470</b> |

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

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

February 13, 2023

Davide Carbone  
Osceola Regional Medical Center  
700 W Oak St  
Kissimmee, FL 34741

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution  
Medicaid Number: 10138900**

Dear Mr. Carbone:

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 \$2,754,259 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

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10138900**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$2,754,259        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0                |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$2,754,259        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0                |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$2,754,259</b> |

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

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

February 13, 2023

Edward Abraham  
University of Miami Hospital and Clinics  
1475 NW 12th Ave  
Miami, FL 33136

**RE: State Fiscal Year 2022 - 2023**  
**Annual Scheduled Low Income Pool (LIP) Group 1, Tier 4 Distribution**  
**Medicaid Number: 10047100**

Dear Dr. Abraham:

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 \$543,575 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 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **10047100**

Facility Name (current) : **University of Miami Hospital and Clinics**

|   |               |                  |
|---|---------------|------------------|
| Annual Group 1 Tier 4 distribution to your facility                           | (A)           | \$543,575        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$0              |
| <b>Total of your facility's annual Group 1 Tier 4 Payments</b>                | (A - B) = (C) | \$543,575        |
| Total of your Group 1 Tier 4 Payments previously paid in this fiscal year     | (D)           | \$0              |
| <b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>                          | (E)           | <b>\$543,575</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.