



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

John A. Moore  
Bayfront Health - St Petersburg  
701 6th Street South  
Saint Petersburg, Florida 33701-4891,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10156700**

Dear Mr. Moore:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$31,097,067 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10156700

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$31,097,067
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$31,097,067
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$31,097,067</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 14, 2024

Yvonne Mitchell  
Brandon Regional Hospital  
119 Oakfield Dr  
Brandon, Florida 3311-5779,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:11807900**

Dear Ms. Mitchell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$31,512,795 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 11807900

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$31,512,795
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$31,512,795
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$31,512,795</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 14, 2024

Shane Strum  
Broward Health Coral Springs  
3000 Coral Hill Drive  
Coral Springs, FL 33076,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:12040500**

Dear Mr. Strum:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,050,998 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of 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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 12040500

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,050,998
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,050,998
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,050,998</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 14, 2024

Renee Stahler  
Broward Health Imperial Point  
6401 North Federal Highway  
Fort Lauderdale, Florida 33308-1427,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10821900**

Dear Ms. Stahler:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$871,155 for state fiscal year 2023 - 2024. 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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Bureau of 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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10821900

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$871,155
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$871,155
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$871,155</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 14, 2024

Heather Havericak  
Broward Health Medical Center  
1608 SE 3RD AVE  
Ft. Lauderdale, Florida 33316,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10012900**

Dear Ms. Havericak:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$10,160,216 for state fiscal year 2023 - 2024. 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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Bureau of 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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10012900

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

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

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GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Renee Stahler  
Broward Health North  
201 East Sample Road  
Deerfield Beach, FL 33064,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10021800**

Dear Ms. Stahler:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$2,917,631 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10021800

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

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Chadwick S. Leo, D.O.  
Cape Coral Hospital  
636 Del Prado Boulevard  
Cape Coral, Florida 33990-2695,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:11971700**

Dear Dr. Leo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$15,500,000 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 11971700

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$15,500,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$15,500,000
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$15,500,000</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Vincent A. Sica  
Desoto Memorial Hospital  
900 North Robert Avenue  
Arcadia, Florida 34266-8765,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10192300**

Dear Mr. Sica:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$2,883,309 for state fiscal year 2023 - 2024. 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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Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10192300

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,883,309
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$2,883,309
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$2,883,309</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Huy Nguyen, M.D.  
Doctors Memorial Hospital  
2600 HOSPITAL DR  
Bonifay, Florida 32425,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10103600**

Dear Dr. Nguyen:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$232,585 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10103600

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$232,585
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$232,585
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$232,585</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Tiffany Varnadoe  
Ed Fraser Memorial Hospital  
159 North Third Street  
Macclenny, Florida 32063-0484,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10004800**

Dear Ms. Varnadoe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,593,238 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10004800

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,593,238
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,593,238
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,593,238</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

David Walker  
George E. Weems Memorial Hospital  
P.O. Box 580  
Apalachicola, Florida 32329-0580,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10080300**

Dear Mr. Walker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$340,470 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10080300

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$340,470
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$340,470
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$340,470</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Larry Antonucci, M.D.  
Gulf Coast Medical Center Lee Memorial Health System  
13681 Doctors Way  
Fort Myers, Florida 33912-4309,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:11134100**

Dear Dr. Antonucci:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$24,000,000 for state fiscal year 2023 - 2024. 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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Bureau of 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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 11134100

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$24,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$24,000,000
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$24,000,000</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

Jeff Feasel  
Halifax Health Medical Center  
303 North Clyde Morris Boulevard  
Daytona Beach, Florida 32114-1237,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10184200**

Dear Mr. Feasel:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$30,626,850 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10184200

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$30,626,850
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$30,626,850
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$30,626,850</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 14, 2024

R.D. Williams  
Hendry Regional Medical Center  
524 West Sagamore Avenue  
Clewiston, Florida 33440-3021,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10086200**

Dear Mr. Williams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,032,675 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10086200

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,032,675
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,032,675
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,032,675</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

February 14, 2024

Robert Riordan  
H. Lee Moffitt Cancer Center & Research Institute Hospital  
12902 Magnolia Dr  
Tampa, Florida 33612,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:12032400**

Dear Mr. Riordan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$28,864,493 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 12032400

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$28,864,493
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$28,864,493
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$28,864,493</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 14, 2024

Brooke Donaldson  
Jackson Hospital  
4250 Hospital Drive  
Marianna, Florida 32446-1917,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10106100**

Dear Ms. Donaldson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,611,603 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10106100

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,611,603
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,611,603
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,611,603</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 14, 2024

Mark Knight  
Jackson Memorial Hospital  
1611 Northwest 12th Avenue  
Miami, Florida 33136-1096,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10042100**

Dear Mr. Knight:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$80,000,000 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10042100

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$80,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$80,000,000
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$80,000,000</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 14, 2024

Mark Knight  
Jackson Memorial Hospital  
1611 Northwest 12th Avenue  
Miami, Florida 33136-1096,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10042101**

Dear Mr. Knight:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$40,000,000 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10042101

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$40,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$40,000,000
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$40,000,000</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 14, 2024

Alicia Schulhof, MHA, FACHE  
Johns Hopkins All Children's Hospital  
501 6th Street South, Dept 2402  
Saint Petersburg, Florida 33701-4634,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10151600**

Dear Ms. Schulhof:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,321,640 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10151600

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,321,640
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,321,640
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,321,640</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 14, 2024

Paula Webb  
Lake Butler Hospital  
P.O. Box 748  
Lake Butler, Florida 32054-1353,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10822700**

Dear Ms. Webb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$784,866 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10822700

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$784,866
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$784,866
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$784,866</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 14, 2024

Janet D. Moreland, APRN, MSN, LHRM  
Lakeside Medical Center  
39200 Hooker Highway  
Belle Glade, Florida 33430,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10144300**

Dear Ms. Moreland:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$443,268 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10144300

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$443,268
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$443,268
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$443,268</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 14, 2024

Drialys Perez  
Larkin Community Hospital  
7031 SW 62ND AVE  
South Miami, Florida 33143-4701,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:12005700**

Dear Ms. Perez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$3,308,736 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 12005700

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$3,308,736
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$3,308,736
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$3,308,736</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 14, 2024

Lawrence Antonucci, M.D., MBA  
Lee Memorial Hospital  
2776 Cleveland Avenue  
Fort Myers, Florida 33901-5855,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10110900**

Dear Dr. Antonucci:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$41,500,000 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10110900

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$41,500,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$41,500,000
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$41,500,000</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 14, 2024

K. Scott Wester, FACHE  
Memorial Hospital Miramar  
1901 Southwest 172nd Avenue  
Miramar, Florida 33029,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10345400**

Dear Mr. Wester:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$11,204,440 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10345400

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$11,204,440
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$11,204,440
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$11,204,440</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

February 14, 2024

Sabine Mersmann  
Memorial Hospital Pembroke  
7800 Sheridan Street  
Pembroke Pines, Florida 33024-2536,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10222900**

Dear Ms. Mersmann:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$15,714,105 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10222900

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$15,714,105
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$15,714,105
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$15,714,105</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 14, 2024

Alexsandra Mullin  
Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, Florida 33028-1006,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10252100**

Dear Ms. Mullin:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$23,546,937 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10252100

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$23,546,937
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$23,546,937
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$23,546,937</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

February 14, 2024

Alexsandra Mullin  
Memorial Regional Hospital  
3501 Johnson Street  
Hollywood, Florida 33021-5421,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10020000**

Dear Ms. Mullin:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$74,708,234 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10020000

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$74,708,234
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$74,708,234
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$74,708,234</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 14, 2024

Hal Williams  
Nemours Children's Hospital  
6535 Nemours Parkway  
Orlando, Florida 32827-7884,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:4087600**

Dear Mr. Williams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,405,447 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 4087600

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,405,447
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,405,447
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,405,447</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 14, 2024

Matthew A. Love  
Nicklaus Children's Hospital  
3100 Southwest 62nd Avenue  
Miami, Florida 33155-3073,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10060900**

Dear Mr. Love:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$1,720,167 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10060900

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$1,720,167
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$1,720,167
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$1,720,167</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 14, 2024

George Mikitarian  
Parrish Medical Center  
951 North Washington Avenue  
Titusville, Florida 32796-2194,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10010200**

Dear Mr. Mikitarian:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$14,099,918 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10010200

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$14,099,918
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$14,099,918
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$14,099,918</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 14, 2024

David Verinder  
Sarasota Memorial Hospital  
1700 South Tamiami Trail  
Sarasota, Florida 34239-3555,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10176100**

Dear Mr. Verinder:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$12,913,451 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10176100

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$12,913,451
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$12,913,451
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$12,913,451</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 14, 2024

Jeff Limbocker  
Sarasota Memorial Hospital - Venice  
2600 Laurel Rd E  
North Venice, Florida 34275,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:112556100**

Dear Mr. Limbocker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$553,414 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 112556100

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$553,414
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$553,414
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$553,414</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

February 14, 2024

Jalima Trank  
Sacred Heart Hospital  
5151 North 9th Avenue  
Pensacola, Florida 32504-8721,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10076500**

Dear Ms. Trank:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$40,131,746 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10076500

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$40,131,746
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$40,131,746
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$40,131,746</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 14, 2024

Cynthia McCauley  
St. Mary's Medical Center  
901 45th Street  
West Palm Beach, Florida 33407-4119,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10148600**

Dear Ms. McCauley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$19,794,956 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10148600

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$19,794,956
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$19,794,956
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$19,794,956</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 14, 2024

Ron Costanzo  
Tampa General Hospital  
1 Tampa General Cir  
Tampa, Florida 33606-3571,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10099400**

Dear Mr. Costanzo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$80,151,495 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10099400

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$80,151,495
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$80,151,495
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$80,151,495</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 14, 2024

James Kelly  
UF Health Shands Hospital  
1600 Southwest Archer Road  
Gainesville, Florida 32610-3001,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10003000**

Dear Mr. Kelly:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$70,563,371 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10003000

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$70,563,371
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$70,563,371
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$70,563,371</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 14, 2024

Dean Cocchi  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:10067600**

Dear Mr. Cocchi:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$69,473,892 for state fiscal year 2023 - 2024. 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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Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 10067600

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$69,473,892
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$69,473,892
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$69,473,892</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 14, 2024

Adrian Hugh Greene  
Wolfson Children's Hospital  
800 Prudential Drive  
Jacksonville, Florida 32207-8202,

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 2 Distribution  
Medicaid Number:23960157**

Dear Mr. Greene:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. 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 your annual appropriation of \$2,083,269 for state fiscal year 2023 - 2024. 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, appearing to read "Bobby Jernigan", is written over a light blue circular stamp.

Bobby Jernigan, Senior Management Analyst Supervisor  
Bureau of Medicaid Program Finance

BJ:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : 23960157

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

Annual Group 1 Tier 2 distribution to your facility	(A)	\$2,083,269
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 2 Payments</b>	(A - B) = (C)	\$2,083,269
Total of your Group 1 Tier 2 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 2 Payment [1] [2]</b>	(E)	<b>\$2,083,269</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.