



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

February 28, 2024

Doug Harcombe  
AdventHealth Orlando  
900 Winderley Place Ste 2200  
Maitland, Florida 32751-4191

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 3  
Medicaid Number: 10129000**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 100% (rounded) of your annual appropriation of \$177,442,567 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,

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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10129000**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$177,442,567
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 3 Payments</b>	(A - B) = (C)	\$177,442,567
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 3 Payment [1] [2]</b>	(E)	<b>\$177,442,567</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 28, 2024

Tommy Zeeger  
HCA Florida Aventura Hospital  
20900 Biscayne Blvd  
Aventura, Florida 33180-1407

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 3**  
**Medicaid Number: 12037500**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 100% (rounded) of your annual appropriation of \$23,837,970 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,

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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **12037500**

Facility Name (current) : **HCA Florida Adventura Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$23,837,970
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 3 Payments</b>	(A - B) = (C)	\$23,837,970
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 3 Payment [1] [2]</b>	(E)	<b>\$23,837,970</b>

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

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



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**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

February 28, 2024

Steven Sonenreich  
Mount Sinai Medical Center  
4300 Alton Rd  
Miami Beach, Florida 33140-2948

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 3**  
**Medicaid Number: 10046300**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 100% (rounded) of your annual appropriation of \$20,466,156 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10046300**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$20,466,156
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 3 Payments</b>	(A - B) = (C)	\$20,466,156
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 3 Payment [1] [2]</b>	(E)	<b>\$20,466,156</b>

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

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



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**SECRETARY**

February 28, 2024

John Frank  
HCA Florida Orange Park Hospital  
2001 Kingsley Ave  
Orange Park, Florida 32073

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 3**  
**Medicaid Number: 11174100**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 100% (rounded) of your annual appropriation of \$26,857,733 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **11174100**

Facility Name (current) : **HCA Florida Orange Park Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$26,857,733
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 3 Payments</b>	(A - B) = (C)	\$26,857,733
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 3 Payment [1] [2]</b>	(E)	<b>\$26,857,733</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 28, 2024

David Strong  
Orlando Health  
1414 Kuhl Avenue  
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 3**  
**Medicaid Number: 10133800**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 100% (rounded) of your annual appropriation of \$115,620,086 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10133800**

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

Annual Group 1 Tier 3 distribution to your facility	(A)	\$115,620,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 3 Payments</b>	(A - B) = (C)	\$115,620,086
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 3 Payment [1] [2]</b>	(E)	<b>\$115,620,086</b>

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

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**GOVERNOR**

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**SECRETARY**

February 28, 2024

Gina Temple, PhD, MPA, BSN  
HCA Florida Bayonet Point Hospital  
14000 Fivay Rd  
Pasco, Florida 34667-7103

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 3**  
**Medicaid Number: 11988100**

Dear Mr. Harcombe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 100% (rounded) of your annual appropriation of \$17,240,841 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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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **11988100**

Facility Name (current) : **HCA Florida Bayonet Point Hospital**

Annual Group 1 Tier 3 distribution to your facility	(A)	\$17,240,841
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 3 Payments</b>	(A - B) = (C)	\$17,240,841
Total of your Group 1 Tier 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 3 Payment [1] [2]</b>	(E)	<b>\$17,240,841</b>

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