



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 19, 2024

Johanna Diaz
Florida International University
11200 SW 8th St.
Miami, FL 33199

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:005527800**

Dear Ms. Diaz:

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% of your annual appropriation of \$1,500,000 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,

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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **005527800**

Facility Name (current) : **Florida International University**

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 19, 2024

Dawn M. Snyder, CPA
Florida State University
1115 West Call Street
Tallahassee, FL 32306

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:276305209**

Dear Ms. Snyder:

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% of your annual appropriation of \$145,000 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,

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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **276305209**

Facility Name (current) : **Florida State University**

Annual LIP Group 2 distribution to your facility	(A)	\$145,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$145,000
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 2 Payment [1]	(E)	\$145,000

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 19, 2024

Jeremy W. Sibiski
University of Florida Gainesville
1329 SW 16th Street, Ste.3142
Gainesville, FL 32608

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:053386600**

Dear Mr. Sibiski:

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% of your annual appropriation of \$20,000,000 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,

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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **053386600**

Facility Name (current) : **University of Florida Gainesville**

Annual LIP Group 2 distribution to your facility	(A)	\$20,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$20,000,000
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 2 Payment [1]	(E)	\$20,000,000

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 19, 2024

Timothy Reinschmidt
University of Florida Jacksonville
653 West 8th Street, 4th Floor Faculty Clinic
Jacksonville, FL 32209

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:373978300**

Dear Mr. Reinschmidt:

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% of your annual appropriation of \$25,391,805 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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **373978300**

Facility Name (current) : **University of Florida Jacksonville**

Annual LIP Group 2 distribution to your facility	(A)	\$25,391,805
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$25,391,805
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 2 Payment [1]	(E)	\$25,391,805

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 19, 2024

Mark Knight
University of Miami
1611 NW 12th Avenue
Miami, FL 33136

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:273179700**

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 100% of your annual appropriation of \$38,000,000 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,

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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **273179700**

Facility Name (current) : **University of Miami**

Annual LIP Group 2 distribution to your facility	(A)	\$38,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$38,000,000
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 2 Payment [1]	(E)	\$38,000,000

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 19, 2024

Steve Omli
University of South Florida
12901 Bruce B. Downs Blvd.
Tampa, FL 33612

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:053079400**

Dear Mr. Omli:

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% of your annual appropriation of \$9,000,000 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,

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 2

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **053079400**

Facility Name (current) : **University of South Florida**

Annual LIP Group 2 distribution to your facility	(A)	\$9,000,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$9,000,000
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 2 Payment [1]	(E)	\$9,000,000

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