



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Mia L. Jones
Agape Community Health Center
12595 Southwest 137th Avenue Ste 312
Miami, FL, 33186

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 017234400**

Dear Ms. Jones:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$326,683.81 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **017234400**

Facility Name (current) : **Agape Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$326,683.81
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$326,683.81
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$326,683.81

[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

April 21, 2023

Laura Spencer
Aza Health
1302 River Street
Palatka, FL, 32177

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029543400**

Dear Ms. Spencer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$808,039.62 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029543400**

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

Annual LIP Group 3 distribution to your facility	(A)	\$808,039.62
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$808,039.62
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$808,039.62

[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

April 21, 2023

Vince Carrodegua, CPA, MBA
Banyan Community Health Care
3733 West Flagler Street
Coral Gables, FL, 33134

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 013881900**

Dear Mr. Carrodegua:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$993,087.83 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **013881900**

Facility Name (current) : **Banyan Community Health Care**

Annual LIP Group 3 distribution to your facility	(A)	\$993,087.83
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$993,087.83
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$993,087.83

[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

April 21, 2023

Temple O. Robinson, MD
Bond Community Health Center
2650 Municipal Way
Tallahassee, FL, 32304

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060551400**

Dear Dr. Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$247,970.45 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **060551400**

Facility Name (current) : **Bond Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$247,970.45
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$247,970.45
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$247,970.45

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

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Paul Carl Velez
Borinquen Health Care Center
3601 Federal Highway
Miami, FL, 33137

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029554000**

Dear Mr. Velez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,487,425.78 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029554000**

Facility Name (current) : **Borinquen Health Care Center**

Annual LIP Group 3 distribution to your facility	(A)	\$2,487,425.78
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,487,425.78
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,487,425.78

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Austin Helton
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, FL, 32905

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688693100**

Dear Mr. Helton:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,263,773.23 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **688693100**

Facility Name (current) : **Brevard Health Alliance**

Annual LIP Group 3 distribution to your facility	(A)	\$2,263,773.23
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,263,773.23
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,263,773.23

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Rosalyn Frazier
Broward Community & Family Health Centers
5010 - 5012 Hollywood Boulevard
Hollywood, FL, 33021

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680027100**

Dear Ms. Frazier:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$670,899.72 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **680027100**

Facility Name (current) : **Broward Community & Family Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$670,899.72
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$670,899.72
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$670,899.72

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Belma Andrić, MD, MPH
C.L. Brumback Primary Care Clinics
1250 Southwinds Drive
Lantana, FL, 33462

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 008037100**

Dear Dr. Andrić:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,433,169.59 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **008037100**

Facility Name (current) : **C.L. Brumback Primary Care Clinics**

Annual LIP Group 3 distribution to your facility	(A)	\$2,433,169.59
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,433,169.59
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,433,169.59

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Francis Afram-Gyening
Camillus Health Concern
336 Northwest 5th Street
Miami, FL, 33128

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,292,742.12 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **680002500**

Facility Name (current) : **Camillus Health Concern**

Annual LIP Group 3 distribution to your facility	(A)	\$1,292,742.12
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,292,742.12
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,292,742.12

[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

April 21, 2023

Rick Siclari, MBA
Care Resource Community Health Centers
871 West Oakland Park Boulevard
Wilton Manors, FL, 33311

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 003407902**

Dear Mr. Siclari:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,566,143.63 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **003407902**

Facility Name (current) : **Care Resource Community Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$2,566,143.63
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,566,143.63
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,566,143.63

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

T. Delores Dunn
Center for Family and Child Enrichment
1825 Northwest 167th Street
Miami Gardens, FL, 33056

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010930500**

Dear Ms. Dunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$413,001.10 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **010930500**

Facility Name (current) : **Center for Family and Child Enrichment**

Annual LIP Group 3 distribution to your facility	(A)	\$413,001.10
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$413,001.10
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$413,001.10

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Kari Ellingstad
CenterPlace Health
2200 Ringling Boulevard
Sarasota, FL, 34237

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 025148200**

Dear Ms. Ellingstad:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$972,321.87 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **025148200**

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

Annual LIP Group 3 distribution to your facility	(A)	\$972,321.87
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$972,321.87
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$972,321.87

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Ann Claussen
Central Florida Health Care, Inc
109 West Wall Street
Frostproof, FL, 33843

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029549300**

Dear Ms. Claussen:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,888,643.84 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029549300**

Facility Name (current) : **Central Florida Health Care, Inc**

Annual LIP Group 3 distribution to your facility	(A)	\$1,888,643.84
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,888,643.84
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,888,643.84

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 21, 2023

Mario Jordan, LCSW
Citrus Health Network
4175 West 20th Avenue
Hialeah, FL, 33012

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688571300**

Dear Mr. Jordan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,636,367.93 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network**

Annual LIP Group 3 distribution to your facility	(A)	\$1,636,367.93
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,636,367.93
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,636,367.93

[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

April 21, 2023

Elodie Dorso
Community Health Centers of Pinellas
1344 22nd Street South
Saint Petersburg, FL, 33712

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029565500**

Dear Ms. Dorso:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,688,329.79 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029565500**

Facility Name (current) : **Community Health Centers of Pinellas**

Annual LIP Group 3 distribution to your facility	(A)	\$2,688,329.79
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,688,329.79
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,688,329.79

[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

April 21, 2023

Debra Andree, MD
Community Health Centers, Inc.
110 South Woodland Street
Winter Garden, FL, 34787

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029545100**

Dear Dr. Andree:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,375,968.04 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029545100**

Facility Name (current) : **Community Health Centers, Inc.**

Annual LIP Group 3 distribution to your facility	(A)	\$1,375,968.04
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,375,968.04
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,375,968.04

[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

April 21, 2023

Chandra Smiley, MSW
Community Health Northwest Florida
14 West Jordan Street
Pensacola, FL, 32501

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 692990700**

Dear Ms. Smiley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$4,591,736.04 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **692990700**

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

Annual LIP Group 3 distribution to your facility	(A)	\$4,591,736.04
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$4,591,736.04
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$4,591,736.04

[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

April 21, 2023

Blake Hall, MBA
Community Health of South Florida
10300 Southwest 216th Street
Miami, FL, 33190

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029572800**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$205,229.72 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029572800**

Facility Name (current) : **Community Health of South Florida**

Annual LIP Group 3 distribution to your facility	(A)	\$205,229.72
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$205,229.72
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$205,229.72

[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

April 21, 2023

Belita Wyatt
Empower-U
7900 Northwest 27th Avenue
Miami, FL, 33147

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 112934300**

Dear Ms. Wyatt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,896,642.84 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **112934300**

Facility Name (current) : **Empower-U**

Annual LIP Group 3 distribution to your facility	(A)	\$1,896,642.84
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,896,642.84
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,896,642.84

[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

April 21, 2023

Frank Mazzeo, MD
Family Health Centers of Southwest Florida
2232 Grand Avenue
Fort Myers, FL, 33901

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,709,865.33 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029570100**

Facility Name (current) : **Family Health Centers of Southwest Florida**

Annual LIP Group 3 distribution to your facility	(A)	\$1,709,865.33
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,709,865.33
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,709,865.33

[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

April 21, 2023

Laurie Asbury
Family Health Source
216 North Frederick Street
Pierson, FL, 32180

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687955100**

Dear Ms. Asbury:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$403,204.25 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **687955100**

Facility Name (current) : **Family Health Source**

Annual LIP Group 3 distribution to your facility	(A)	\$403,204.25
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$403,204.25
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$403,204.25

[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

April 21, 2023

Wilhelmina Lewis, MD
Florida Community Health Centers, Inc.
1871 Southeast Tiffany Avenue Ste 200
Port Saint Lucie, FL, 34952

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 684660200**

Dear Dr. Lewis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,536,967.22 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **684660200**

Facility Name (current) : **Florida Community Health Centers, Inc.**

Annual LIP Group 3 distribution to your facility	(A)	\$1,536,967.22
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,536,967.22
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,536,967.22

[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

April 21, 2023

Christopher F. Irizarry, MPA
FoundCare
2330 South Congress Avenue
Palm Springs, FL, 33406

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001182600**

Dear Mr. Irizarry:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,427,877.18 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **001182600**

Facility Name (current) : **FoundCare**

Annual LIP Group 3 distribution to your facility	(A)	\$1,427,877.18
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,427,877.18
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,427,877.18

[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

April 21, 2023

DeAnna Warren
Genesis Community Health
2815 South Seacrest Boulevard
Palm Beach, FL, 33435

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006608600**

Dear Ms. Warren:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$306,468.93 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **006608600**

Facility Name (current) : **Genesis Community Health**

Annual LIP Group 3 distribution to your facility	(A)	\$306,468.93
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$306,468.93
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$306,468.93

[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

April 21, 2023

Emily Ptaszek, MD
Collier Health Services-Healthcare Network of Southwest Florida
1454 Madison Avenue W
Immokalee, FL, 34142

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029152803**

Dear Dr. Ptaszek:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$843,017.95 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029152803**

Facility Name (current) : **Collier Health Services-Healthcare Network of Southwest Florida**

Annual LIP Group 3 distribution to your facility	(A)	\$843,017.95
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$843,017.95
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$843,017.95

[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

April 21, 2023

Matt Clay
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, FL, 34471

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001718300**

Dear Mr. Clay:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$981,838.19 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **001718300**

Facility Name (current) : **Heart of Florida Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$981,838.19
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$981,838.19
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$981,838.19

[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

April 21, 2023

Annie Neasman
Jessie Trice Community Health System
5361 Northwest 22nd Ave
Miami, FL, 33142

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029541800**

Dear Ms. Neasman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,566,928.25 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029541800**

Facility Name (current) : **Jessie Trice Community Health System**

Annual LIP Group 3 distribution to your facility	(A)	\$2,566,928.25
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,566,928.25
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,566,928.25

[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

April 21, 2023

Tom Chase
Langley Health Services
1389 S US 301
Sumterville, FL, 33585

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029547700**

Dear Mr. Chase:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$674,186.38 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029547700**

Facility Name (current) : **Langley Health Services**

Annual LIP Group 3 distribution to your facility	(A)	\$674,186.38
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$674,186.38
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$674,186.38

[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

April 21, 2023

Lawrence Antonucci, MD
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, FL, 33903

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 014789100**

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 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$394,532.93 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **014789100**

Facility Name (current) : **Lee Community Healthcare**

Annual LIP Group 3 distribution to your facility	(A)	\$394,532.93
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$394,532.93
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$394,532.93

[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

April 21, 2023

Melvin Price, MD
MCR Health
12271 US Highway 301 N
Parrish, FL, 34219

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029561200**

Dear Dr. Price:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,128,617.52 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029561200**

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

Annual LIP Group 3 distribution to your facility	(A)	\$3,128,617.52
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$3,128,617.52
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$3,128,617.52

[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

April 21, 2023

Mark Rabinowitz
Miami Beach Community Health Center
710 Alton Road
Miami Beach, FL, 33139

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029544200**

Dear Mr. Rabinowitz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,849,712.21 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029544200**

Facility Name (current) : **Miami Beach Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$2,849,712.21
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,849,712.21
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,849,712.21

[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

April 21, 2023

Jeanne Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, FL, 32301

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 112813300**

Dear Ms. Freeman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$389,327.86 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **112813300**

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

Annual LIP Group 3 distribution to your facility	(A)	\$389,327.86
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$389,327.86
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$389,327.86

[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

April 21, 2023

Amie Oody, RN, MSN
New River Community Health Center
495 East Main Street
Lake Butler, FL, 32054

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027973100**

Dear Ms. Oody:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$139,876.60 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **027973100**

Facility Name (current) : **New River Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$139,876.60
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$139,876.60
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$139,876.60

[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

April 21, 2023

Shane Strum
North Broward Hospital District
1111 W Broward Boulevard
Fort Lauderdale, FL, 33312

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060075002**

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 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$534,599.60 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **060075002**

Facility Name (current) : **North Broward Hospital District**

Annual LIP Group 3 distribution to your facility	(A)	\$534,599.60
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$534,599.60
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$534,599.60

[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

April 21, 2023

Lane Lunn
North Florida Medical Centers
255 West River Road
Wewahatchka, FL, 32465

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029568000**

Dear Ms. Lunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$506,987.52 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029568000**

Facility Name (current) : **North Florida Medical Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$506,987.52
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$506,987.52
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$506,987.52

[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

April 21, 2023

Bakari F. Burns, MPH, MBA
Orange Blossom Family Health
232 N Orange Blossom Trail
Orlando, FL, 32805

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687429100**

Dear Mr. Burns:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,003,934.27 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **687429100**

Facility Name (current) : **Orange Blossom Family Health**

Annual LIP Group 3 distribution to your facility	(A)	\$1,003,934.27
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,003,934.27
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,003,934.27

[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

April 21, 2023

Belinda Johnson-Cornett MS, RN-BC, MBA
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, FL, 24759

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$434,145.24 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **020530900**

Facility Name (current) : **Osceola Community Health Services**

Annual LIP Group 3 distribution to your facility	(A)	\$434,145.24
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$434,145.24
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$434,145.24

[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

April 21, 2023

Anita Rembert
Palms Medical Group
911 South Main Street PO Box 640
Trenton, FL, 32693

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029506000**

Dear Ms. Rembert:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,528,454.72 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029506000**

Facility Name (current) : **Palms Medical Group**

Annual LIP Group 3 distribution to your facility	(A)	\$1,528,454.72
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,528,454.72
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,528,454.72

[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

April 21, 2023

R. Michael Hill
PanCare Health
2309 East 15th Street
Panama City, FL, 32405

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 689693600**

Dear Mr. Hill:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,118,346.94 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **689693600**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,118,346.94
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,118,346.94
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,118,346.94

[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

April 21, 2023

Karen Yatchum
Pinellas Health and Human Services
647 1st Avenue North
Saint Petersburg, FL, 33701

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688412100**

Dear Ms. Yatchum:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$490,298.82 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **688412100**

Facility Name (current) : **Pinellas Health and Human Services**

Annual LIP Group 3 distribution to your facility	(A)	\$490,298.82
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$490,298.82
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$490,298.82

[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

April 21, 2023

Joseph Resnick, MHA, FACHE
Premier Community HealthCare Group
14027 5th Street
Dade City, FL, 33525

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029550700**

Dear Mr. Resnick:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,248,514.00 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029550700**

Facility Name (current) : **Premier Community HealthCare Group**

Annual LIP Group 3 distribution to your facility	(A)	\$1,248,514.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,248,514.00
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,248,514.00

[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

April 21, 2023

Amy Halstead
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard, Ste C
Key West, FL, 33040

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 024798000**

Dear Ms. Halstead:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$51,005.16 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **024798000**

Facility Name (current) : **Rural Health Network of Monroe County**

Annual LIP Group 3 distribution to your facility	(A)	\$51,005.16
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$51,005.16
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$51,005.16

[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

April 21, 2023

Cindy Funkhouser, MSW
Sulzbacher Center
611 East Adams Street
Jacksonville, FL, 32202

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 686032000**

Dear Ms. Funkhouser:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$526,287.36 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **686032000**

Facility Name (current) : **Sulzbacher Center**

Annual LIP Group 3 distribution to your facility	(A)	\$526,287.36
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$526,287.36
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$526,287.36

[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

April 21, 2023

Bradley P. Herremans, MBA, FACHE
Suncoast Community Health Centers
2814 14th Avenue SE
Ruskin, FL, 33570

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029557400**

Dear Mr. Herremans:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,845,051.78 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029557400**

Facility Name (current) : **Suncoast Community Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$2,845,051.78
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$2,845,051.78
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$2,845,051.78

[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

April 21, 2023

Sherry Hoback
Tampa Family Health Centers
3901 South West Shore Boulevard
Tampa, FL, 33611

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029548500**

Dear Ms. Hoback:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,405,484.17 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029548500**

Facility Name (current) : **Tampa Family Health Centers**

Annual LIP Group 3 distribution to your facility	(A)	\$3,405,484.17
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$3,405,484.17
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$3,405,484.17

[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

April 21, 2023

Vicki Soulé, MS, MBA, FACHE
Treasure Coast Community Health
12196 County Road 512
Fellsmere, FL, 32948

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680005000**

Dear Ms. Soulé:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$965,263.49 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **680005000**

Facility Name (current) : **Treasure Coast Community Health**

Annual LIP Group 3 distribution to your facility	(A)	\$965,263.49
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$965,263.49
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$965,263.49

[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

April 21, 2023

Janelle Dunn, MHA, CMPE
True Health
4930 E Lake Mary Boulevard
Sanford, FL, 32771

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029551500**

Dear Ms. Dunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,572,083.84 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **029551500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,572,083.84
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$1,572,083.84
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$1,572,083.84

[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

April 21, 2023

Holly Holt, RN, BSN, MSM
Walton Community Health Center
362 State Highway 83
Defuniak Springs, FL, 32433

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027976500**

Dear Ms. Holt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$193,548.67 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **027976500**

Facility Name (current) : **Walton Community Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$193,548.67
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$193,548.67
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$193,548.67

[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

April 21, 2023

Marie Andress, MBA, CTP
Whole Family Health Center
981 37th Place
Vero Beach, FL, 32960

**RE: State Fiscal Year 2022 - 2023
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 022558502**

Dear Ms. Andress:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$189,895.55 for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

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

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **022558502**

Facility Name (current) : **Whole Family Health Center**

Annual LIP Group 3 distribution to your facility	(A)	\$189,895.55
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 3 Payments	(A - B) = (C)	\$189,895.55
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled LIP Group 3 Payment [1] [2]	(E)	\$189,895.55

[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.