



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 \$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,

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)	\$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.



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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 \$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,

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 : **029545100**

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

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

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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 \$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,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
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 : **692990700**

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

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

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



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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 \$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,

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 : **029572800**

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

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[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 \$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

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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 : **112934300**

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

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.