



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Robert Deininger
Bartow Regional Medical Center
1055 Saxon Blvd
Orange City, Florida 32763

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 12041300

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$478,143 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **12041300**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$478,143
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$478,143
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$478,143

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Denyse Bales-Chubb
Bay Medical Center Sacred Heart Health System
3100 E Fletcher Ave
Tampa, Florida 33613

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10006400

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,743,878 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10006400**

Facility Name (current) : **Bay Medical Center Sacred Heart Health System**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,743,878
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,743,878
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,743,878

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Amanda Maggard
Cleveland Clinic Martin North Hospital
7050 Gall Blvd
Zephyrhills, Florida 33541

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10118400

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$2,049,170 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10118400**

Facility Name (current) : **Cleveland Clinic Martin North Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,049,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$2,049,170
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,049,170

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Ed Huble
Homestead Hospital
1250 S 18th St.
Fernandina Beach, Florida 32034

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10226100

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,392,123 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10226100**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,392,123
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,392,123
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,392,123

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Karen Kerr
Indian River Medical Center
2200 Osprey Blvd
Bartow, Florida 33830

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10104400

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,047,586 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10104400**

Facility Name (current) : **Indian River Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,047,586
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,047,586
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,047,586

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Amanda Maggard
Lake Wales Medical Center
13100 Fort King Rd.
Dade City, Florida 33525

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10166400

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$198,220 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10166400**

Facility Name (current) : **Lake Wales Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$198,220
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$198,220
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$198,220

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Brett Esrock
Leesburg Regional Medical Center
701 W Cocoa Beach Cswy
Cocoa Beach, Florida 32931

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10107900**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$260,919 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10107900**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$260,919
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$260,919
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$260,919

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Robert L. Lord Jr.
Mease Dunedin Hospital
200 SE Hospital Ave
Stuart, Florida 34994

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10154100**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$547,350 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10154100**

Facility Name (current) : **Mease Dunedin Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$547,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$547,350
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$547,350

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Richard L. Freeburg
Morton Plant North Bay Hospital
3301 Overseas Hwy
Marathon, Florida 33050

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10150800

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,220,858 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10150800**

Facility Name (current) : **Morton Plant North Bay Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,220,858
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,220,858
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,220,858

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Brett Esrock
Palm Bay Hospital
1350 S Hickory St.
Melbourne, Florida 32901

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 3297500

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$750,170 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **3297500**

Facility Name (current) : **Palm Bay Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$750,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$750,170
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$750,170

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

William Ulbricht
Orlando Health - Health Central
975 Baptist Way
Homestead, Florida 33033

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10135400

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,323,225 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10135400**

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

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,323,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,323,225
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,323,225

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

J. Gregory Rosencrance, MD
Sacred Heart Hospital on the Gulf
1000 36th St.
Vero Beach, Florida 32960

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 2012700

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$133,821 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **2012700**

Facility Name (current) : **Sacred Heart Hospital on the Gulf**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$133,821
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$133,821
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$133,821

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Michael T. Hutchins
South Florida Baptist Hospital
14114 Alabama St.
Jay, Florida 32565

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10098600

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,006,880 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Staci Griffis", with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10098600**

Facility Name (current) : **South Florida Baptist Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,006,880
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,006,880
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,006,880

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Rebecca T. Brewer
St. Anthony's Hospital
410 S 11th St.
Lake Wales, Florida 33853

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 12022700

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$2,036,347 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **12022700**

Facility Name (current) : **St. Anthony's Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,036,347
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$2,036,347
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$2,036,347

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 12, 2024

Donald G. Henderson
Winter Haven Hospital
600 E Dixie Ave
Leesburg, Florida 34748

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 1
Medicaid Number: 10169900**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation of \$1,768,258 for state fiscal year (SFY) 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting Bureau Chief,
Medicaid Program Finance

SG:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 1 Tier 1

State Fiscal Year 2023 – 2024 Annual Payment

Medicaid Number : **10169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,768,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 1 Tier 1 Payments	(A – B) = (C)	\$1,768,258
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 1 Tier 1 Payment [1]	(E)	\$1,768,258

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