



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

Conor Delaney, MD., Ph.D.  
Cleveland Clinic Hospital  
3100 Weston Rd  
Weston, Florida 33331-3655

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution**  
**Medicaid Number: 10220200**

Dear Dr. Delaney:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$218,881 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10220200**

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

Annual Group 1 Tier 4 distribution to your facility	(A)	\$218,881
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$218,881
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$218,881</b>

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

Brandon Haushalter  
HCA Florida Kendall Hospital  
11750 SW 40TH ST  
Miami, Florida 33175-3530

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 12013800**

Dear Mr. Haushalter:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$1,093,554 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **12013800**

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

Annual Group 1 Tier 4 distribution to your facility	(A)	\$1,093,554
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$1,093,554
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$1,093,554</b>

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

John Frank  
HCA Florida Largo Hospital  
201 14TH ST SW  
Largo, Florida 33770-3133

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 11974100**

Dear Mr. Frank:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$740,235 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting 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 1, Tier 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **11974100**

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

Annual Group 1 Tier 4 distribution to your facility	(A)	\$740,235
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$740,235
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$740,235</b>

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

Yoely Hernandez  
Larkin Community Hospital Palm Springs Campus  
1475 WEST 49TH ST  
Hialeah, Florida 33012

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 10053600**

Dear Mr. Hernandez:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$22,138 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting 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 1, Tier 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10053600**

Facility Name (current) : **Larkin Community Hospital Palm Springs Campus**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$22,138
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$22,138
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$22,138</b>

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

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





**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

Eric Lawson  
HCA Florida North Florida Hospital  
6500 W Newberry Rd  
Gainesville, Florida 32605-4309

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution**  
**Medicaid Number: 10862600**

Dear Mr. Lawson:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$1,001,004 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting 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 1, Tier 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10862600**

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

Annual Group 1 Tier 4 distribution to your facility	(A)	\$1,001,004
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$1,001,004
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$1,001,004</b>

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

John Frank  
HCA Florida Oak Hill Hospital  
11375 Cortez Blvd  
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 12007300**

Dear Mr. Frank:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$478,397 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting 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 1, Tier 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **12007300**

Facility Name (current) : **HCA Florida Oak Hill Hospital**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$478,397
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$478,397
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$478,397</b>

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

John Frank  
HCA Florida Ocala Hospital  
1431 SW 1ST AVE  
Ocala, Florida 34471-6500

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 10988600**

Dear Mr. Frank:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$1,268,153 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting 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 1, Tier 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10988600**

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

Annual Group 1 Tier 4 distribution to your facility	(A)	\$1,268,153
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$1,268,153
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$1,268,153</b>

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

John Frank  
HCA Florida Osceola Hospital  
700 Oak St  
Kissimmee, Florida 34741-4924

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 10138900**

Dear Mr. Frank:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$1,368,251 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Staci Griffis, Acting 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 1, Tier 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10138900**

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

Annual Group 1 Tier 4 distribution to your facility	(A)	\$1,368,251
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$1,368,251
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$1,368,251</b>

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

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





**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 21, 2024

Charity Fannin  
University of Miami Hospital and Clinics  
1475 NW 12TH AVE  
Miami, Florida 33136

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 4 Distribution  
Medicaid Number: 10047100**

Dear Ms. Fannin:

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

The enclosed payment represents 100% (rounded) of your annual appropriation of \$279,544 for state fiscal year 2023 - 2024. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10047100**

Facility Name (current) : **University of Miami Hospital and Clinics**

Annual Group 1 Tier 4 distribution to your facility	(A)	\$279,544
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 4 Payments</b>	(A - B) = (C)	\$279,544
Total of your Group 1 Tier 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 4 Payment [1] [2]</b>	(E)	<b>\$279,544</b>

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

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