



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

July 3, 2024

Mia L. Jones  
Agape Community Health Center  
120 King St  
Jacksonville, Florida 32204-2410

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 17234400**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$284,293 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **17234400**

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

Annual LIP Group 3 distribution to your facility	(A)	\$284,293
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$284,293
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$284,293</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**

July 3, 2024

Laura Spencer  
Aza Health  
2503 President St  
Palatka, Florida 32177-5433

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29543400**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$579,600 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29543400**

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

Annual LIP Group 3 distribution to your facility	(A)	\$579,600
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$579,600
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$579,600</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**

July 3, 2024

Vince Carrodegus, CPA, MBA  
Banyan Community Health Care  
3733 W Flagler St  
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 13881900**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$617,702 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **13881900**

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

Annual LIP Group 3 distribution to your facility	(A)	\$617,702
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$617,702
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$617,702</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**

July 3, 2024

Temple O. Robinson, MD  
Bond Community Health Center  
1720 Gadsden St  
Tallahassee, FL 32301-5506

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution  
Medicaid Number: 60551400**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$195,397 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

SG:mm

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60551400**

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

Annual LIP Group 3 distribution to your facility	(A)	\$195,397
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$195,397
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$195,397</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**

July 3, 2024

Paul Carl Velez  
Borinquen Health Care Center  
3601 Federal Hwy  
Miami, Florida 33137-3795

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29554000**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,290,780 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29554000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$2,290,780
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,290,780
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$2,290,780</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**

July 3, 2024

Austin Helton  
Brevard Health Alliance  
5270 Babcock St NE  
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 688693100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,814,467 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **688693100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,814,467
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,814,467
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,814,467</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**

July 3, 2024

Rosalyn Frazier  
Broward Community & Family Health Centers  
5010-5012 Hollywood Blvd  
Hollywood, Florida 33021-6557

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 680027100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$390,335 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **680027100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$390,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$390,335
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$390,335</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**

July 3, 2024

Belma Andrić, MD, MPH  
C.L. Brumback Primary Care Clinics  
1250 Southwinds Dr  
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 8037100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,129,557 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **8037100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$2,129,557
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,129,557
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$2,129,557</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**

July 3, 2024

Francis Afram-Gyening  
Camillus Health Concern  
336 NW 5th Miami St  
Miami, Florida 33128

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 680002500**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$891,302 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **680002500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$891,302
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$891,302
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$891,302</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**

July 3, 2024

Rick Siclari, MBA  
Care Resource Community Health Centers  
3510 Biscayne Blvd  
Miami, Florida 33137-3840

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 3407902**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,564,703 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **3407902**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,564,703
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,564,703
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,564,703</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**

July 3, 2024

T. Delores Dunn  
Center for Family and Child Enrichment  
1825 NW 167th St  
Miami Gardens, Florida 33056-4838

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution  
Medicaid Number: 10930500**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$183,354 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **10930500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$183,354
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$183,354
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$183,354</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**

July 3, 2024

Kari Ellingstad  
CenterPlace Health  
2200 Ringling Blvd  
Sarasota, Florida 34237-6102

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 25148200**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$971,020 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **25148200**

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

Annual LIP Group 3 distribution to your facility	(A)	\$971,020
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$971,020
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$971,020</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**

July 3, 2024

Ann Claussen  
Central Florida Health Care, Inc  
109 W Wall St  
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29549300**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,027,895 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29549300**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,027,895
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,027,895
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,027,895</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**

July 3, 2024

Mario Jordan, LCSW  
Citrus Health Network  
4175 W 20th Ave  
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 688571300**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,071,761 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **688571300**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,071,761
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,071,761
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,071,761</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**

July 3, 2024

Elodie Dorso  
Community Health Centers of Pinellas  
1344 22nd St S  
Saint Petersburg, Florida 33712-2744

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29565500**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,132,623 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29565500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,132,623
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,132,623
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,132,623</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**

July 3, 2024

Debra Andree, MD  
Community Health Centers, Inc.  
110 S Woodland St  
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29545100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,156,170 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29545100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$2,156,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,156,170
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$2,156,170</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**

July 3, 2024

Chandra Smiley, MSW  
Community Health Northwest Florida  
2315 W Jackson St  
Pensacola, Florida 32505-7552

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 692990700**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$984,118 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **692990700**

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

Annual LIP Group 3 distribution to your facility	(A)	\$984,118
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$984,118
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$984,118</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**

July 3, 2024

Blake Hall, MBA  
Community Health of South Florida  
10300 SW 216TH St  
Miami, Florida 33190

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29572800**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,419,444 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29572800**

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

Annual LIP Group 3 distribution to your facility	(A)	\$3,419,444
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$3,419,444
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$3,419,444</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**

July 3, 2024

Belita Wyatt  
Empower-U  
7900 NW 27TH Ave Ste E-12  
Miami, Florida 33147-4909

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 112934300**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$175,042 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **112934300**

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

Annual LIP Group 3 distribution to your facility	(A)	\$175,042
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$175,042
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$175,042</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**

July 3, 2024

Frank Mazzeo, MD  
Family Health Centers of Southwest Florida  
2232 Grand Ave  
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29570100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,456,170 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29570100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,456,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,456,170
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,456,170</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**

July 3, 2024

Laurie Asbury  
Family Health Source  
216 N Frederick St  
Pierson, Florida 32180

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 687955100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$263,009 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **687955100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$263,009
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$263,009
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$263,009</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**

July 3, 2024

Wilhelmina Lewis, MD  
Florida Community Health Centers, Inc.  
9576 S US Hwy 1  
Port St Lucie, Florida 34952-4217

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 684660200**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,057,192 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **684660200**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,057,192
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,057,192
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,057,192</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**

July 3, 2024

Christopher F. Irizarry, MPA  
FoundCare  
2330 S Congress Ave  
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 1182600**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$643,694 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **1182600**

Facility Name (current) : **FoundCare**

Annual LIP Group 3 distribution to your facility	(A)	\$643,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$643,694
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$643,694</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**

July 3, 2024

DeAnna Warren  
Genesis Community Health  
709 S Federal Hwy Ste 3  
Boynton Beach, Florida 33435-5610

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 6608600**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$199,224 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **6608600**

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

Annual LIP Group 3 distribution to your facility	(A)	\$199,224
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$199,224
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$199,224</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**

July 3, 2024

Melissa Larkin-Skinner  
Gracepoint - Look-Alike  
2020 26th Ave E  
Bradenton, Florida 34208-7753

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 60280905**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$21,954 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60280905**

Facility Name (current) : **Gracepoint - Look-Alike**

Annual LIP Group 3 distribution to your facility	(A)	\$21,954
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$21,954
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$21,954</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**

July 3, 2024

Emily Ptaszek, MD  
Healthcare Network of Southwest Florida  
1454 Madison Ave W  
Immokalee, Florida 34142-2200

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29152803**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$818,168 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29152803**

Facility Name (current) : **Healthcare Network of Southwest Florida**

Annual LIP Group 3 distribution to your facility	(A)	\$818,168
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$818,168
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$818,168</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**

July 3, 2024

Matt Clay  
Heart of Florida Health Center  
1025 SW 1ST AVE  
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution  
Medicaid Number: 1718300**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$647,815 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **1718300**

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

Annual LIP Group 3 distribution to your facility	(A)	\$647,815
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$647,815
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$647,815</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**

July 3, 2024

Ryan Hawkins  
Jessie Trice Community Health System  
5361 NW 22ND Ave  
Miami, Florida 33142-8035

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29541800**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,807,431 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29541800**

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

Annual LIP Group 3 distribution to your facility	(A)	\$3,807,431
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$3,807,431
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$3,807,431</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**

July 3, 2024

Tom Chase  
Langley Health Services  
1389 S US 301  
Sumterville, Florida 33585-5143

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29547700**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$406,549 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29547700**

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

Annual LIP Group 3 distribution to your facility	(A)	\$406,549
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$406,549
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$406,549</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**

July 3, 2024

Lawrence Antonucci, MD  
Lee Community Healthcare  
224 Santa Barbara Blvd Ste 205  
Cape Coral, Florida 33991-2038

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution  
Medicaid Number: 14789100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$290,222 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **14789100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$290,222
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$290,222
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$290,222</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**

July 3, 2024

Melvin Price, MD  
MCR Health  
12271 US Hwy 301 N  
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29561200**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$4,375,467 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29561200**

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

Annual LIP Group 3 distribution to your facility	(A)	\$4,375,467
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$4,375,467
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$4,375,467</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**

July 3, 2024

Priya Rajkumar  
Metro Inclusive Health - Look-Alike  
930 S Main St  
Labelle, Florida 33935

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29570137**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$154,567 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29570137**

Facility Name (current) : **Metro Inclusive Health - Look-Alike**

Annual LIP Group 3 distribution to your facility	(A)	\$154,567
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$154,567
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$154,567</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**

July 3, 2024

Mark Rabinowitz  
Miami Beach Community Health Center  
710 Alton Rd  
Miami beach, Florida 33139

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29544200**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,368,229 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29544200**

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

Annual LIP Group 3 distribution to your facility	(A)	\$3,368,229
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$3,368,229
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$3,368,229</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**

July 3, 2024

Jeanne Freeman  
Neighborhood Medical Center  
438 W Brevard St  
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 112813300**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$258,382 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **112813300**

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

Annual LIP Group 3 distribution to your facility	(A)	\$258,382
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$258,382
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$258,382</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**

July 3, 2024

Amie Oody, RN, MSN  
New River Community Health Center  
495 East Main St  
Lake Butler, Florida 32054-3211

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 27973100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$97,424 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **27973100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$97,424
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$97,424
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$97,424</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**

July 3, 2024

Shane Strum  
North Broward Hospital District  
1111 W Broward Blvd  
Ft Lauderdale, Florida 33312-1638

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 60075002**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$926,947 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60075002**

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

Annual LIP Group 3 distribution to your facility	(A)	\$926,947
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$926,947
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$926,947</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**

July 3, 2024

Lane Lunn  
North Florida Medical Centers  
255 W River Rd  
Wewahitchka, Florida 32465-4533

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29568000**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$383,916 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29568000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$383,916
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$383,916
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$383,916</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**

July 3, 2024

Bakari F. Burns, MPH, MBA  
Orange Blossom Family Health  
232 N Orange Blossom Trl  
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 687429100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$742,673 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **687429100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$742,673
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$742,673
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$742,673</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**

July 3, 2024

Belinda Johnson-Cornett MS, RN-BC, MBA  
Osceola Community Health Services  
1877 Fortune Rd  
Kissimmee, Florida 34744-4428

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 20530900**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$307,847 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **20530900**

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

Annual LIP Group 3 distribution to your facility	(A)	\$307,847
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$307,847
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$307,847</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**

July 3, 2024

Anita Rembert  
Palms Medical Group  
911 S Main St  
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29506000**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,286,689 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29506000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,286,689
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,286,689
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,286,689</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**

July 3, 2024

R. Michael Hill  
PanCare Health  
2309 E 15th St  
Panama City, Florida 32405-6345

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 689693600**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,265,478 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **689693600**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,265,478
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,265,478
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,265,478</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**

July 3, 2024

Karen Yatchum  
Pinellas Health and Human Services  
647 1st Ave N  
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 688412100**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$387,312 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **688412100**

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

Annual LIP Group 3 distribution to your facility	(A)	\$387,312
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$387,312
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$387,312</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**

July 3, 2024

Joseph Resnick, MHA, FACHE  
Premier Community HealthCare Group  
14027 5TH ST  
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29550700**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,113,464 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29550700**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,113,464
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,113,464
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,113,464</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**

July 3, 2024

Amy Halstead  
Rural Health Network of Monroe County  
3706 N Roosevelt Blvd Ste C  
Key West, Florida 33040-4566

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 24798000**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$43,419 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **24798000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$43,419
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$43,419
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$43,419</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**

July 3, 2024

Cindy Funkhouser, MSW  
Sulzbacher Center  
611 E Adams St  
Jacksonville, FL 32202-2847

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 686032000**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$286,529 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **686032000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$286,529
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$286,529
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$286,529</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**

July 3, 2024

Bradley P. Herremans, MBA, FACHE  
Suncoast Community Health Centers  
2814 14TH Ave SE  
Ruskin, Florida 33570-5471

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29557400**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,510,625 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29557400**

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

Annual LIP Group 3 distribution to your facility	(A)	\$2,510,625
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$2,510,625
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$2,510,625</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**

July 3, 2024

Sherry Hoback  
Tampa Family Health Centers  
3901 S West Shore Blvd  
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29548500**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,533,918 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29548500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$3,533,918
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$3,533,918
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$3,533,918</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**

July 3, 2024

Vicki Soulé, MS, MBA, FACHE  
Treasure Coast Community Health  
12196 County Rd 512  
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution  
Medicaid Number: 680005000**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$799,225 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **680005000**

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

Annual LIP Group 3 distribution to your facility	(A)	\$799,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$799,225
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$799,225</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**

July 3, 2024

Janelle Dunn, MHA, CMPE  
True Health  
4930 E Lake Mary Blvd  
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 29551500**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,265,307 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **29551500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$1,265,307
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$1,265,307
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$1,265,307</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**

July 3, 2024

Holly Holt, RN, BSN, MSM  
Walton Community Health Center  
362 State Hwy 83  
Defuniak Springs, Florida 32433-3800

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 27976500**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$142,809 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **27976500**

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

Annual LIP Group 3 distribution to your facility	(A)	\$142,809
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$142,809
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$142,809</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**

July 3, 2024

Marie Andress, MBA, CTP  
Whole Family Health Center  
981 37TH PL  
Vero Beach, FLorida 32960-6541

**RE: State Fiscal Year 2023 - 2024**  
**Annual Scheduled Low Income Pool (LIP) Group 3 Distribution**  
**Medicaid Number: 22558502**

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 2023 - 2024. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$161,886 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 3

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **22558502**

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

Annual LIP Group 3 distribution to your facility	(A)	\$161,886
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual LIP Group 3 Payments</b>	(A - B) = (C)	\$161,886
Total of your LIP Group 3 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled LIP Group 3 Payment [1] [2]</b>	(E)	<b>\$161,886</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.