



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Joe Johnson
ADVENTHEALTH CARROLLWOOD
7171 Dale Mabry Hwy
Tampa, Florida 33614-2665

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10094300

Dear Mr. Johnson:

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 \$72,944.66 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Mike Murrill
FLORIDA HOSPITAL AT CONNERTON LONG TERM ACUTE CARE
9441 Health Center Dr
Land O'Lakes, Florida 34637

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 949600

Dear Mr. Murrill:

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 \$324.04 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael D. Aubin, FACHE
ADVENTHEALTH DELAND
701 Plymouth Ave
Deland, Florida 32720-3236

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10187700

Dear Mr. Aubin:

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 \$109,745.70 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Robert Deininger
ADVENTHEALTH FISH MEMORIAL
1055 Saxon Blvd
Orange City, Florida 32763-8468

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10182600

Dear Mr. Deininger:

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 \$101,319.51 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Denyse Bales-Chubb
ADVENTHEALTH TAMPA
3100 E Fletcher Ave
Tampa, Florida 33613-4613

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10102800

Dear Ms. Bales-Chubb:

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 \$229,572.05 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Amanda Maggard
ADVENTHEALTH ZEPHYRHILLS
7050 Gall Blvd
Zephyrhills, Florida 33541

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10149400

Dear Ms. Maggard:

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 \$80,906.26 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Terry Shaw
ADVENTHEALTH HEART OF FLORIDA REGIONAL MEDICAL CENTER
40100 Hwy 27
Davenport, Florida 33837-5906

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10228800

Dear Mr. Shaw:

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 \$60,356.62 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Terry Shaw
ADVENTHEALTH MEMORIAL MEDICAL CENTER//ADVENT HEALTH DAYTONA
301 Memorial Medical Pkwy
Daytona Beach, Florida 32117-5167

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10186900

Dear Mr. Shaw:

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 \$98,859.06 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Dennis Hernandez
ADVENTHEALTH NEW SMYRNA
401 Palmetto St
New Smyrna Beach, Florida 32168-7322

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10183400

Dear Mr. Hernandez:

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

The enclosed payment represents 100% of your annual appropriation of \$53,303.20 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Ryan Quattlebaum
ADVENTHEALTH NORTH PINELLAS
1395 S Pinellas Ave
Tarpon Springs, Florida 34689-3790

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10161300

Dear Mr. Quattlebaum:

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 \$65,630.14 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Joe Johnson
ADVENTHEALTH OCALA
1500 SW 1st Ave
Ocala, Florida 34474-6500

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10117600

Dear Mr. Johnson:

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 \$116,496.17 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Denyse Bales-Chubb
ADVENT HEALTH PALM COAST
60 Memorial Medical Pkwy
Palm Coast, Florida 32164-5980

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10189300

Dear Ms. Bales-Chubb:

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 \$60,856.53 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Jason Dunkel
ADVENTHEALTH SEBRING
4200 Sun N Lake Blvd
Sebring, Florida 33872-1986

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10090100

Dear Mr. Dunkel:

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 \$79,506.58 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Terry Shaw
ADVENTHEALTH WATERMAN
1000 Waterman Wy
Tavares, Florida 32778-5266

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10109500

Dear Mr. Shaw:

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 \$124,607.15 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Eric Wangsness
ADVENTHEALTH WESLEY CHAPEL
2600 Bruce B Downs Blvd
Wesley Chapel, Florida 33544-9207

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 5456800

Dear Mr. Wangsness:

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 \$36,026.22 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael H. Schatzlein, MD, MBA, FACHE
ST VINCENT'S MEDICAL CENTER RIVERSIDE
1 Shircliff Way
Jacksonville, Florida 32204

**RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10073100**

Dear Dr. Schatzlein:

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 \$165,205.15 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Joseph R. Impicciche, JD, MHA
ASCENSION ST VINCENT'S SOUTHSIDE
4201 Belfort Rd
Jacksonville, Florida 32216-1431

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10373000

Dear Dr. Impicciche:

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 \$100,888.22 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Joseph R. Impicciche, JD, MHA
ASCENSION ST. VINCENT'S CLAY COUNTY
1670 St Vincents Wy
Middleburg, Florida 32068-8447

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 9701300

Dear Dr. Impicciche:

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 \$25,354.27 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Bo Boulenger
BAPTIST HOSPITAL INC
1000 Moreno St
Pensacola, Florida 32501-2316

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10074900

Dear Mr. Boulenger:

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 \$123,612.45 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Bo Boulenger
BAPTIST HOSPITAL MIAMI
8900 N Kendall Dr
Miami, Florida 33176-2118

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10035800

Dear Mr. Boulenger:

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 \$272,283.60 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael A. Mayo, DHA, FACHE
BAPTIST MEDICAL CENTER - BEACHES
1350 13TH AVE S
Jacksonville Beach, Florida 32250-3203

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10232600

Dear Mr. Mayo:

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 \$74,952.46 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael Mayo
BAPTIST MEDICAL CENTER JACKSONVILLE
800 Prudential Drive
Jacksonville, Florida 32207-8202

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10064100

Dear Mr. Mayo:

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 \$555,439.36 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Ed Huble
BAPTIST MEDICAL CENTER - NASSAU
1250 S 18TH ST
Fernandina Beach, Florida 32034-1902

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10123100

Dear Mr. Huble:

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 \$41,878.78 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Stephanie Conners
Baycare Alliant Hospital
601 Main Street MS 402
Dunedin, Florida 34698-5848

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10372100

Dear Ms. Conners:

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 \$701.11 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Bobby Ginn
BAYFRONT HEALTH BROOKSVILLE
17240 Cortez Blvd
Brooksville, Florida 34601-8921

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10087100

Dear Mr. Ginn:

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 \$70,033.53 for state fiscal year 2023 - 2024.

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

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

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Andy S. Romine, RN, MHSA
BAYFRONT HEALTH PORT CHARLOTTE
2500 Harbor Blvd
Port Charlotte, Florida 33952-5000

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10028500

Dear Mr. Romine:

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 \$42,656.69 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Andy S. Romine, RN, MHSA
BAYFRONT HEALTH PUNTA GORDA
809 E Marion Ave
Punta Gorda, Florida 33950-3819

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10027700

Dear Mr. Romine:

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 \$31,778.38 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Linda Stockton
BAYFRONT HEALTH SEVEN RIVERS
6201 Suncoast Blvd
Crystal River, Florida 34428-6712

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11998900

Dear Ms. Stockton:

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 \$37,811.81 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Amanda Maggard
BAYFRONT HEALTH DADE CITY
13100 Fort King Rd
Dade City, Florida 33525-5294

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10959200

Dear Ms. Maggard:

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 \$33,592.68 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Jared Smith
BETHESDA HOSPITAL EAST
2815 S Seacrest Blvd
Boynton Beach, Florida 33435-7934

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10140100

Dear Mr. Smith:

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 \$149,981.59 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Sherif Khalil
HCA FLORIDA BLAKE HOSPITAL
2020-59th St West
Bradenton, Florida 34209

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11021300

Dear Mr. Khalil:

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 \$195,415.65 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Christinia Jepsen, RN-MSN, MHA, MBA
CALHOUN-LIBERTY HOSPITAL
20370 NE Burns Ave
Blountstown, Florida 32424-1045

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10026900

Dear Ms. Jepsen:

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 \$416.66 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brett Esrock
CAPE CANAVERAL HOSPITAL
701 W Cocoa Beach CSWY # SR520
Cocoa Beach, Florida 32931-3585

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10009900

Dear Mr. Esrock:

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 \$91,326.15 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Joe Horsey
HCA FLORIDA CAPITAL HOSPITAL
2626 Capital Medical Blvd
Tallahassee, FL 32308-4499

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11980600

Dear Mr. Horsey:

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 \$187,985.81 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Heather B. Long, MSN
CENTRAL FLORIDA REGIONAL HOSPITAL
1401 Seminole Blvd
Sanford, Florida 32771-6743

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10178800

Dear Ms. Long:

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 \$156,572.53 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

John Frank
HCA FLORIDA CITRUS HOSPITAL
502 W Highland Blvd
Inverness, Florida 34452-4754

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10219900

Dear Mr. Frank:

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

The enclosed payment represents 100% of your annual appropriation of \$74,467.63 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Henry Capote
CORAL GABLES HOSPITAL
3100 S Douglas Rd
Coral Gables, Florida 33134-6914

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10960600

Dear Mr. Capote:

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 \$27,431.11 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michelle Cartwright
DELRAY MEDICAL CENTER
5352 Linton, Blvd
Delray Beach, Florida 33484-6514

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12009000

Dear Ms. Cartwright:

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 \$135,633.83 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

John Frank
DOCTORS HOSPITAL OF SARASOTA
5731 Bee Ridge Rd
Sarasota, Florida 34233-5056

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11995400

Dear Mr. Frank:

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

The enclosed payment represents 100% of your annual appropriation of \$57,024.27 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Robert Meade
DOCTORS HOSPITAL
5000 University Dr
Coral Gables, Florida 33146-2008

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10354300

Dear Mr. Meade:

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 \$42,891.37 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

James C. Miller
DOCTORS' MEMORIAL HOSPITAL
333 N Byron Butler Pkwy
Perry, Florida 32347-2300

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10180000

Dear Mr. Miller:

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 \$3,012.49 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Warren Geller
ENGLEWOOD COMMUNITY HOSPITAL
700 Medical Blvd
Sarasota, Florida 34223

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10253900

Dear Mr. Geller:

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 \$21,809.28 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Lisa Nummi
HCA FLORIDA FAWCETT HOSPITAL
21298 Olean Blvd
Port Charlotte, Florida 33952-6765

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11746300

Dear Ms. Nummi:

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 \$45,739.47 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Drew Grossman
FISHERMEN'S COMMUNITY HOSPITAL
3301 Overseas Highway
Marathon, Florida 33050-2329

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10120600

Dear Mr. Grossman:

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 \$9,389.00 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brett Esrock
HOLMES REGIONAL MEDICAL CENTER
1350 Hickory St
Melbourne, Florida 32901-3224

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10008100

Dear Mr. Esrock:

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 \$303,885.28 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Carlton Devooght
FLAGLER HOSPITAL
400 Health Park Blvd
Saint Augustine, Florida 32086-5784

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10171100

Dear Mr. Devooght:

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 \$52,099.04 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Zach McCluskey
HCA FLORIDA FORT WALTON-DESTIN
1000 Mar Walt Dr
Ft Walton Beach, Florida 32547-6795

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11132500

Dear Mr. McCluskey:

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 \$194,189.48 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Tomi Ryba
GOOD SAMARITAN MEDICAL CENTER
1309 N Flagler Dr
West Palm Beach, Florida 33401-3406

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10152400

Dear Mr. Ryba:

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 \$109,342.45 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Chase Christianson
GULF COAST REGIONAL MEDICAL CENTER
449 West 23rd Street
Panama City, Florida 32405-4507

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11761700

Dear Mr. Christianson:

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 \$142,123.26 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Jeff Feasel
HALIFAX HEALTH UF HEALTH MEDICAL CENTER OF DELTONA
3300 E Halifax Crossing Blvd
Deltona, Florida 32725

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 105531100

Dear Mr. Feasel:

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 \$13,454.74 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael Bell
HIALEAH HOSPITAL
651 E 25th St
Hialeah, Florida 33013-3814

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10041200

Dear Mr. Bell:

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 \$12,773.65 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Joe Gleason
HIGHLANDS REGIONAL MEDICAL CENTER
3600 S Highlands Ave
Sebring, Florida 33870-5416

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10089700

Dear Mr. Gleason:

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 \$22,860.80 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Mark Doyle, MBA
HOLY CROSS HOSPITAL
4725 N Federal Hwy
Ft Lauderdale, Florida 33308

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10018800

Dear Mr. Doyle:

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 \$71,814.56 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Gina Melby
HCA FLORIDA JFK HOSPITAL
5301 South Congress Ave
Atlantis, Florida 33462

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10146000

Dear Ms. Melby:

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 \$404,173.41 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brian Soares
KINDRED HOSPITAL SOUTH FLORIDA CORAL GABLES
5190 SW 8TH ST
Coral Gables, Florida 33134

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11993800

Dear Mr. Soares:

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 \$2,003.85 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Jill Adams
LAKE CITY MEDICAL CENTER
340 NW Commerce Dr
Lake City, Florida 32055-4709

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11976800

Dear Ms. Adams:

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 \$82,789.01 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Janet Kobis
LAKELAND REGIONAL MEDICAL CENTER
1324 Lakeland Hills Blvd
Lakeland, Florida 33805-4543

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10164800

Dear Ms. Kobis:

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 \$527,371.18 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Andy Guz
LAKEWOOD RANCH MEDICAL CENTER
8330 Lakewood Ranch Blvd
Lakewood Ranch, Florida 34202-5174

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10342000

Dear Mr. Guz:

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 \$24,337.09 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

John Frank
HCA FLORIDA LAWNWOOD HOSPITAL
1700 S 23RD ST
Fort Pierce, Florida 34950-4803

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11969500

Dear Mr. Frank:

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

The enclosed payment represents 100% of your annual appropriation of \$284,150.86 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

David Clay
LOWER KEYS MEDICAL CENTER
500 College Rd
Key West, Florida 33040-4342

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10119200

Dear Mr. Clay:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$57,232.8 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Tammy Stevens
MADISON COUNTY MEMORIAL HOSPITAL
224 Northwest Crane Avenue
Madison, Florida 32340-2525

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10115000

Dear Ms. Stevens:

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 \$3,338.41 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Tom McDougal
MANATEE MEMORIAL HOSPITAL
206 2nd Street East
Bradenton, Florida 34208-1000

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10116800

Dear Mr. McDougal:

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 \$247,137.56 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Richard L. Freeburg
MARINERS HOSPITAL
91500 Overseas Hwy
Tavernier, Florida 33070-2547

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10121400

Dear Mr. Freeburg:

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 \$23,647.04 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Stephanie Conners
MEASE COUNTRYSIDE HOSPITAL
3231 McMullen Booth Rd
Safety Harbor, Florida 34695-6607

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12008100

Dear Ms. Conners:

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 \$66,479.01 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

John Frank
HCA FLORIDA TRINITY HOSPITAL
9330 State Rd 54
Trinity, Florida 34655-1808

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10552000

Dear Mr. Frank:

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

The enclosed payment represents 100% of your annual appropriation of \$153,459.11 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Tammy L. Razmic, MHA
HCA FLORIDA MEMORIAL HOSPITAL
3625 University Blvd S
Jacksonville, Florida 32216-4207

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10193100

Dear Ms. Razmic:

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 \$265,652.79 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Sonia I. Wellman
MEMORIAL HOSPITAL OF TAMPA
2901 W Swann Ave
Tampa, Florida 33609-4056

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11279800

Dear Ms. Wellman:

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 \$100,320.47 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Glenn Davenport Waters
MORTON PLANT HOSPITAL
300 Pinellas St
Clearwater, Florida 33756-3804

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10158300

Dear Mr. Waters:

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 \$290,422.68 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Paul Hiltz
NAPLES COMMUNITY HOSPITAL
350 7TH ST N
Naples, Florida 34102-5730

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10031500

Dear Mr. Hiltz:

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 \$120,041.55 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Wendy H. Brandon, FACHE
UCF LAKE NONA HOSPITAL
6700 Lake Nona BLVD
Orlando, Florida 32827

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 109707000

Dear Ms. Brandon:

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 \$189.83 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael Nordness
NORTH OKALOOSA MEDICAL CENTER
151 E Redstone Ave
Crestview, Florida 32539-5352

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10126500

Dear Mr. Nordness:

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 \$37,096.65 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Matthew Garner
NORTH SHORE MEDICAL CENTER
1100 Northwest 95th Street
Miami, Florida 33150-2098

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10049800

Dear Mr. Garner:

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 \$33,708.22 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Clint Hauger
North Tampa Behavioral Health
29910 State Road 56
Wesley Chapel, Florida 33543

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 121618400

Dear Mr. Hauger:

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 \$5,291.35 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Valerie Powell-Stafford, FACHE
HCA FLORIDA NORTHSIDE HOSPITAL
6000 49TH ST N
Saint Petersburg, Florida 33709-2114

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11519300

Dear Ms. Powell:

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 \$119,455.52 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael A. Kozar
NORTHWEST FLORIDA COMMUNITY HOSPITAL
1360 Brickyard Rd
Chipley, Florida 32428

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10190700

Dear Mr. Kozar:

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 \$1,445.54 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Kenneth Jones
HCA FLORIDA NORTHWEST HOSPITAL
2801 N State Rd
Margate, Florida 33063-5727

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10459100

Dear Mr. 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 \$104,001.33 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Kenneth Donahey
OVIEDO MEDICAL CENTER
8300 Red Bug Lake Rd
Oviedo, Florida 32765-6801

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 21094100

Dear Mr. Donahey:

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 \$64,991.19 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Teresa Urquhart
PALM BEACH GARDENS MEDICAL CENTER
3360 Burns Rd
Palm Beach Gardens, Florida 33410-4323

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10210500

Dear Ms. Urquhart:

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 \$57,238.89 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Tony Gomez
PALMETTO GENERAL HOSPITAL
2001 West 68th Street
Hialeah, Florida 33016-1801

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10460400

Dear Mr. Gomez:

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 \$89,249.32 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brent Burish
PALMS OF PASADENA HOSPITAL
1501 Pasadena Ave S
South Pasadena, Florida 33707-3717

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12011100

Dear Mr. Burish:

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 \$42,657.88 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Randy Gross, FACHE
PLANTATION GENERAL HOSPITAL
401 Northwest 42nd Avenue
Plantation, Florida 33317-2835

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12000600

Dear Mr. Gross:

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 \$205,747.12 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Jason L. Kimbrell
PALMS WEST HOSPITAL
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12026000

Dear Mr. Kimbrell:

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 \$90,010.91 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Amber Hentz
PARK ROYAL HOSPITAL
9241 Park Royal DR
Fort Myers, Florida 33908

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 121618500

Dear Ms. Hentz:

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 \$3,660.02 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Scott Lowe
PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE
6101 Pine Ridge Rd
Naples, Florida 34119-3900

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10314400

Dear Mr. Lowe:

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 \$103,265.31 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Alejandro Romero
POINCIANA MEDICAL CENTER
325 Cypress Pkwy
Kissimmee, Florida 34759-3326

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 9268300

Dear Mr. Romero:

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 \$56,822.62 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brian Nunn
PUTNAM COMMUNITY MEDICAL CENTER
611 Zeagler Dr
Palatka, Florida 32177-3810

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11351400

Dear Mr. Nunn:

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 \$51,630.04 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brian Melear
RAULERSON HOSPITAL
1796 US Hwy 441 N
Okeechobee, Florida 34972-1918

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11975000

Dear Mr. Melear:

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 \$39,760.59 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Thomas Bowden
ROCKLEDGE REGIONAL MEDICAL CENTER
110 Longwood Ave
Rockledge, Florida 32955

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10011100

Dear Mr. Bowden:

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 \$57,196.61 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Roger L. Hall
ASCENSION-SACRED HEART EMERALD COAST
7800 US Highway 98 W
Miramar, Florida 32550-7228

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10323300

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 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 \$74,915.01 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Justin Serrano
SANTA ROSA MEDICAL CENTER
6002 Berryhill, Rd
Milton, Florida 32570-5062

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10174500

Dear Mr. Serrano:

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 \$39,353.11 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Sheldon Barr
SOUTH BAY HOSPITAL
4016 Sun City Center Blvd
Sun City Center, Florida 33573-5298

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11994600

Dear Mr. Barr:

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 \$40,642.35 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Lance Sewell
SOUTH LAKE HOSPITAL
1900 Don Wickham Dr
Clermont, Florida 34711-1979

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10108700

Dear Mr. Sewell:

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 \$118,990.56 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Bill Duquette
SOUTH MIAMI HOSPITAL
6200 SW 73rd St
South Miami Dade, Florida 33143-4679

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10058700

Dear Mr. Duquette:

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 \$93,144.09 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Michael Colletti
ST JOSEPHS HOSPITAL
3001 W DR Martin Luther King JR BLVD
Tampa, Florida 33607-6307

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10097802

Dear Mr. Colletti:

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 \$646,099.81 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brent Burish
ST CLOUD REGIONAL MEDICAL CENTER
2906 17th St
Saint Cloud, Florida 34769-6006

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10346200

Dear Mr. Burish:

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 \$28,227.06 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Corey Lovelace
ST LUCIE MEDICAL CENTER
1800 SE Tiffany Ave
Port Saint Lucie, Florida 34952-7521

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11997100

Dear Mr. Lovelace:

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 \$98,510.83 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Sally Seymour
ST PETERSBURG GENERAL HOSPITAL
6500 38TH AVE N
St Petersburg, Florida 33710-1629

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12010300

Dear Ms. Seymour:

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 \$91,952.7 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Todd Jackson
TWIN CITIES HOSPITAL
2190 Hwy 85 N
Niceville, Florida 32578-1045

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10125700

Dear Mr. Jackson:

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 \$29,300.28 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Priscilla Needham
TALLAHASSEE MEMORIAL HOSPITAL
1300 Miccosukee Rd
Tallahassee, Florida 32308-5054

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10113300

Dear Ms. Needham:

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 \$228,089.68 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Heather Long
UF HEALTH THE VILLAGES
1451 El Camino Real
The Villages, Florida 32159-0041

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10317900

Dear Ms. Long:

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 \$21,754.87 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Ben Harris
HCA FLORIDA WOODMOUNT HOSPITAL
7201 N University Dr
Tamarac, Florida 33321-2996

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11280100

Dear Mr. Harris:

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 \$97,577.19 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Brett Esrock
VIERA HOSPITAL
8745 N Wickham Rd
Melbourne, Florida 32940-5997

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 3158800

Dear Mr. Esrock:

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 \$27,101.97 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Pam Tahan
WELLINGTON REGIONAL MEDICAL CENTER
10101 Forest Hill Blvd
West Palm Beach, Florida 33414-6103

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10213000

Dear Ms. Tahan:

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 \$65,207.26 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

George Rizzuto
WEST BOCA MEDICAL CENTER
21644 State Rd 7
Boca Raton, Florida 33428-1842

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 12024300

Dear Mr. Rizzuto:

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 \$67,324.02 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

John Frank
HCA FLORIDA WEST HOSPITAL
8383 N Davis Hwy
Pensacola, Florida 32514-86088

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11321200

Dear Mr. Frank:

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

The enclosed payment represents 100% of your annual appropriation of \$208,258.32 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Lourdes Boue
WEST KENDALL BAPTIST HOSPITAL
9555 SW 162ND CT
Miami, Florida 33196-4930

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 3226500

Dear Ms. Boue:

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 \$70,371.31 for state fiscal year 2023 - 2024.

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

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

Sincerely,

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

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

Henry Brown
WESTCHESTER GENERAL HOSPITAL
2500 SW 75TH Ave
Miami, Florida 33155-2805

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 10062500

Dear Mr. Brown:

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 \$4,665.33 for state fiscal year 2023 - 2024.

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





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 14, 2024

John Frank
HCA FLORIDA WESTSIDE HOSPITAL
8201 W Broward Blvd
Plantation, Florida 33324-2701

RE: State Fiscal Year 2023 - 2024
Annual Scheduled Low Income Pool (LIP) Group 1 Tier 5
Medicaid Number: 11230500

Dear Mr. Frank:

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

The enclosed payment represents 100% of your annual appropriation of \$103,319.27 for state fiscal year 2023 - 2024.

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

