



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Mia L. Jones, MBA
Agape Community Health Center
12595 Southwest 137th Avenue
Miami, Florida 33186-4222

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 017234400**

Dear Ms. Jones:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$256,754 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **017234400**

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

Original annual Group 3 distribution to your facility	(A)	\$256,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$256,754
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$256,754

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

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



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Laura Spencer
Aza Health
1302 River St.
Patlatka, Florida 32177

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029543400**

Dear Ms. Spencer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,117,102 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029543400**

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

Original annual Group 3 distribution to your facility	(A)	\$1,117,102
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,117,102
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,117,102

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

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



RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

March 8, 2021

Tleana Ruiz-Garcia
Banyan Community Health Care
3733 West Flagler Street
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 013881900**

Dear Ms. Ruiz-Garcia:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$722,184 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **013881900**

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

Original annual Group 3 distribution to your facility	(A)	\$722,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$722,184
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$722,184

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

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



RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

March 8, 2021

Temple O. Robinson, MD
Bond Community Health Center
2650 Municipal Way
Tallahassee, Florida 32304-3804

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060551400**

Dear Dr. Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$296,933 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **060551400**

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

Original annual Group 3 distribution to your facility	(A)	\$296,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$296,933
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$296,933

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



RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

March 8, 2021

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

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029554000**

Dear Mr. Velez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,375,181 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029554000**

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

Original annual Group 3 distribution to your facility	(A)	\$2,375,181
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,375,181
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,375,181

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

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Lisa Gurri
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688693100**

Dear Ms. Gurri:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,055,201 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **688693100**

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

Original annual Group 3 distribution to your facility	(A)	\$2,055,201
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,055,201
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,055,201

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

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

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680027100**

Dear Ms. Frazier:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$533,057 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **680027100**

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

Original annual Group 3 distribution to your facility	(A)	\$533,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$533,057
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$533,057

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

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Christopher F. Irizarry, MPA
C.L. Brumback Primary Care Clinics
1250 Southwinds Drive
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 008037100**

Dear Mr. Irizarry:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,859,933 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **008037100**

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

Original annual Group 3 distribution to your facility	(A)	\$2,859,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,859,933
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,859,933

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Francis Afram-Gyening
Camillus Health Concern
336 Northwest 5th Street
Miami, Florida 33128-0000

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$856,754 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **680002500**

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

Original annual Group 3 distribution to your facility	(A)	\$856,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$856,754
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$856,754

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Rick Siclari
Care Resource Community Health Centers
871 West Oakland Park Boulevard
Wilton Manors, Florida 33311-1731

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 003407900**

Dear Mr. Siclari:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,228,471 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **003407900**

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

Original annual Group 3 distribution to your facility	(A)	\$2,228,471
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,228,471
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,228,471

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

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

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010930500**

Dear Ms. Dunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$617,332 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **010930500**

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

Original annual Group 3 distribution to your facility	(A)	\$617,332
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$617,332
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$617,332

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

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RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Melissa Parker
CenterPlace Health
2200 Ringling Blvd
Sarasota, FL 34237

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 025148200**

Dear Ms. Parker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$326,670 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **025148200**

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

Original annual Group 3 distribution to your facility	(A)	\$326,670
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$326,670
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$326,670

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

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Joy Johnson
Central Florida Health Care, Inc
109 West Wall Street
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029549300**

Dear Ms. 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 2020 - 2021. 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 \$1,703,317 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029549300**

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

Original annual Group 3 distribution to your facility	(A)	\$1,703,317
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,703,317
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,703,317

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Mario Jardon
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688571300**

Dear Mr. Jardon:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,093,028 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **688571300**

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

Original annual Group 3 distribution to your facility	(A)	\$1,093,028
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,093,028
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,093,028

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

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

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

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029565500**

Dear Ms. Dorson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,303,101 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029565500**

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

Original annual Group 3 distribution to your facility	(A)	\$1,303,101
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,303,101
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,303,101

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Margrette Brennan
Community Health Centers, Inc.
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029545100**

Dear Ms. Brennan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,288,030 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029545100**

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

Original annual Group 3 distribution to your facility	(A)	\$2,288,030
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,288,030
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,288,030

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

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



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Chandra Smiley
Community Health Northwest Florida
14 West Jordan Street
Pensacola, Florida 32501-1736

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 692990700**

Dear Ms. Smiley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,027,824 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **692990700**

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

Original annual Group 3 distribution to your facility	(A)	\$1,027,824
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,027,824
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,027,824

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Brodes H. Hartley, Jr.
Community Health of South Florida
10300 Southwest 216th Street
Miami, Florida 33190-0000

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029572800**

Dear Mr. Hartley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$4,567,916 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029572800**

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

Original annual Group 3 distribution to your facility	(A)	\$4,567,916
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$4,567,916
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$4,567,916

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Belita Wyatt
Empower-U
7900 Northwest 27th Avenue
Miami, Florida 33147-4909

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010739700**

Dear Ms. Wyatt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$117,167 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **010739700**

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

Original annual Group 3 distribution to your facility	(A)	\$117,167
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$117,167
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$117,167

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Dr. Frank Mazzeo Jr.
Family Health Centers of Southwest Florida
2232 Grand Avenue
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,288,788 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029570100**

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

Original annual Group 3 distribution to your facility	(A)	\$1,288,788
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,288,788
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,288,788

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Laurie Asbury
Family Health Source
216 North Frederick Street
Pierson, Florida 32180-0000

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687955100**

Dear Ms. Asbury:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$286,956 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **687955100**

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

Original annual Group 3 distribution to your facility	(A)	\$286,956
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$286,956
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$286,956

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Wihelmina Lewis, MD
Florida Community Health Centers, Inc.
1871 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7567

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 684660200**

Dear Dr. Lewis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,249,693 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **684660200**

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

Original annual Group 3 distribution to your facility	(A)	\$1,249,693
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,249,693
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,249,693

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Yolette Bonnet
FoundCare
2330 South Congress Avenue
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001182600**

Dear Ms. Bonnet:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,143,519 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **001182600**

Facility Name (current) : **FoundCare**

Original annual Group 3 distribution to your facility	(A)	\$1,143,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,143,519
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,143,519

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

DeAnna Warren
Genesis Community Health
2815 South Seacrest Boulevard
Palm Beach, Florida 33435-7934

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006608600**

Dear Ms. Warren:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$210,365 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **006608600**

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

Original annual Group 3 distribution to your facility	(A)	\$210,365
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$210,365
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$210,365

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

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



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Emily Ptaszek
Healthcare Network of Southwest Florida
1454 Madison Avenue
Immokalee, FL 34142

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029152800**

Dear Dr. Ptaszek:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,449,504 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029152800**

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

Original annual Group 3 distribution to your facility	(A)	\$1,449,504
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,449,504
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,449,504

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Jamie Ulmer
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001718300**

Dear Mr. Ulmer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$658,449 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **001718300**

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

Original annual Group 3 distribution to your facility	(A)	\$658,449
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$658,449
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$658,449

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Annie Neasman, MS, RN
Jessie Trice Community Health System
901 East 10th Avenue
Hialeah, Florida 33010-3762

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029540000**

Dear Ms. Neasman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,525,872 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029540000**

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

Original annual Group 3 distribution to your facility	(A)	\$2,525,872
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,525,872
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,525,872

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Joseph Hanratty
Langley Health Services
1425 S. US Highway 301
Sumterville, FL 33585

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029547700**

Dear Mr. Hanratty:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$485,053 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029547700**

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

Original annual Group 3 distribution to your facility	(A)	\$485,053
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$485,053
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$485,053

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Robert Johns
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, Florida 33903-4818

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 014789100**

Dear Mr. Johns:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$264,802 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **014789100**

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

Original annual Group 3 distribution to your facility	(A)	\$264,802
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$264,802
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$264,802

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Walter L. Presha
MCR Health
12271 US Highway 301 North
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029561200**

Dear Mr. Presha:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$3,302,814 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029561200**

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

Original annual Group 3 distribution to your facility	(A)	\$3,302,814
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$3,302,814
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$3,302,814

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Mark L. Rabinowitz
Miami Beach Community Health Center
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029544200**

Dear Mr. Rabinowitz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,062,539 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029544200**

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

Original annual Group 3 distribution to your facility	(A)	\$2,062,539
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,062,539
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,062,539

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Jeanne Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 262263700**

Dear Ms. Freeman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$489,964 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **262263700**

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

Original annual Group 3 distribution to your facility	(A)	\$489,964
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$489,964
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$489,964

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Amie Johns
New River Community Health Center
495 East Main Street
Lake Butler, Florida 32054-1731

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010946400**

Dear Ms. Johns:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$150,207 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **010946400**

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

Original annual Group 3 distribution to your facility	(A)	\$150,207
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$150,207
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$150,207

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Edward Mesco
North Broward Hospital District
1608 Southeast 3rd Avenue
Fort Lauderdale, Florida 33316

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060075002**

Dear Mr. Mesco:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$565,809 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **060075002**

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

Original annual Group 3 distribution to your facility	(A)	\$565,809
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$565,809
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$565,809

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Lane Lunn
North Florida Medical Centers
255 West River Road
Wewahitchka, Florida 32465-4533

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029568000**

Dear Ms. Lunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$555,393 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029568000**

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

Original annual Group 3 distribution to your facility	(A)	\$555,393
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$555,393
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$555,393

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

John Goodrich
Orange Blossom Family Health
232 North Orange Blossom Trail
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687429100**

Dear Mr. Goodrich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,078,692 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **687429100**

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

Original annual Group 3 distribution to your facility	(A)	\$1,078,692
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,078,692
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,078,692

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Belinda Johnson-Cornett
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, Florida 24759

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,118,887 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **020530900**

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

Original annual Group 3 distribution to your facility	(A)	\$1,118,887
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,118,887
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,118,887

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Anita Riels
Palms Medical Group
911 South Main Street
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029506000**

Dear Ms. Riels:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,216,079 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029506000**

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

Original annual Group 3 distribution to your facility	(A)	\$1,216,079
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,216,079
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,216,079

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

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

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 689693600**

Dear Mr. Hill:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,179,082 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **689693600**

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

Original annual Group 3 distribution to your facility	(A)	\$1,179,082
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,179,082
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,179,082

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

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



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Daisy Rodriguez
Pinellas Health and Human Services
647 1st Avenue North
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688412100**

Dear Ms. Rodriguez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$645,666 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **688412100**

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

Original annual Group 3 distribution to your facility	(A)	\$645,666
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$645,666
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$645,666

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Joseph D. Resnick, MHA, FACHE
Premier Community HealthCare Group
14027 5th Street
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029550700**

Dear Mr. Resnick:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,782,338 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029550700**

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

Original annual Group 3 distribution to your facility	(A)	\$1,782,338
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,782,338
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,782,338

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

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



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Rochelle Pearson
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard
Key West, Florida 33040-4566

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006558500**

Dear Ms. Pearson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$60,611 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **006558500**

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

Original annual Group 3 distribution to your facility	(A)	\$60,611
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$60,611
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$60,611

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

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



RON DESANTIS
GOVERNOR
SIMONE MARSTILLER
SECRETARY

March 8, 2021

Cindy Funkhouser
Sulzbacher Center
611 East Adams Street
Jacksonville, Florida 32202-2847

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 686032000**

Dear Ms. Funkhouser:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$572,716 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **686032000**

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

Original annual Group 3 distribution to your facility	(A)	\$572,716
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$572,716
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$572,716

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Brad Herremans
Suncoast Community Health Centers
2814 14th Ave SE
Ruskin, Florida 33750-5471

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029557400**

Dear Mr. Herremans:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,509,719 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029557400**

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

Original annual Group 3 distribution to your facility	(A)	\$2,509,719
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$2,509,719
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$2,509,719

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Sherry Hoback
Tampa Family Health Centers
3901 South West Shor Boulevard
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029548500**

Dear Ms. Hoback:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$3,579,307 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029548500**

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

Original annual Group 3 distribution to your facility	(A)	\$3,579,307
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$3,579,307
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$3,579,307

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Vicki Soule, MBA, MS (FACHE)
Treasure Coast Community Health
12196 County Road 512
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680005000**

Dear Ms. Soule:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$700,981 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **680005000**

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

Original annual Group 3 distribution to your facility	(A)	\$700,981
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$700,981
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$700,981

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Latrice N. Stewart, MBA, CMP
True Health
4930 East Lake Mary Boulevard
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029551500**

Dear Ms. Stewart:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,264,886 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **029551500**

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

Original annual Group 3 distribution to your facility	(A)	\$1,264,886
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$1,264,886
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$1,264,886

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Holly Holt
Walton Community Health Center
1338 South Boulevard
Chipley, Florida 32428-0000

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027976500**

Dear Ms. Holt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$337,815 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **027976500**

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

Original annual Group 3 distribution to your facility	(A)	\$337,815
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual Group 3 payments	(A – B) = (C)	\$337,815
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C – D) = (E)	\$337,815

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

March 8, 2021

Marie Andress
Whole Family Health Center
1775 US-1
Vero Beach, FL 32960

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 022558502**

Dear Ms. Andress:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$96,405 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2020 – 2021 Annual Payment

Medicaid Number : **022558502**

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

Original annual Group 3 distribution to your facility	(A)	\$96,405
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's original annual payments	(A – B) = (C)	\$96,405
Total of your Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Payment [1] [2]	(C – D) = (E)	\$96,405

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

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