



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 28, 2020

Heather Havericak
Broward Health Medical Center
1600 South Andrews Avenue
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$873,625 for this fiscal year.

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

Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual GME High Tertiary Payment to your facility	(A)	\$873,625
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$873,625
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$218,036
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$655,589

[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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April 28, 2020

Doug Harcombe
AdventHealth Orlando
901 North Lake Destiny Road
Maitland, FL 32751

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$1,261,592 for this fiscal year.

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.

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Sincerely,

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Medicaid Program Finance

Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010129000**

Facility Name (current) : **AdventHealth Orlando**

Annual GME High Tertiary Payment to your facility	(A)	\$1,261,592
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$1,261,592
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$304,354
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$957,238

[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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April 28, 2020

Carlos A. Migoya
Jackson Memorial Hospital
1611 Northwest 12th Avenue
Miami, FL 33136

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$9,562,896 for this fiscal year.

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.

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Medicaid Program Finance

Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010042100**

Facility Name (current) : **Jackson Memorial Hospital**

Annual GME High Tertiary Payment to your facility	(A)	\$9,562,896
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$9,562,896
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$2,388,731
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$7,174,165

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



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April 28, 2020

Steven Sonnenreich
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, FL 33140

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010046300**

Dear Mr. Sonnenreich:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$1,120,634 for this fiscal year.

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.

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Medicaid Program Finance

Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010046300**

Facility Name (current) : **Mount Sinai Medical Center**

Annual GME High Tertiary Payment to your facility	(A)	\$1,120,634
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$1,120,634
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$279,684
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$840,950

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April 28, 2020

David Strong
Orlando Health
1414 Kuhl Avenue
Orlando, FL 32806

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010133800**

Dear Mr. Strong:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$1,840,264 for this fiscal year.

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,

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010133800**

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

Annual GME High Tertiary Payment to your facility	(A)	\$1,840,264
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$1,840,264
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$459,287
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$1,380,977

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April 28, 2020

John Couris
Tampa General Hospital
One Tampa General Circle
Tampa, FL 33601

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010099400**

Dear Mr. Couris:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$4,570,693 for this fiscal year.

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.

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Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010099400**

Facility Name (current) : **Tampa General Hospital**

Annual GME High Tertiary Payment to your facility	(A)	\$4,570,693
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$4,570,693
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$1,141,720
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$3,428,973

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April 28, 2020

Leon L. Haley Jr., MD
UF Health Jacksonville
655 West 8th Street
Jacksonville, FL 32209

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$2,053,335 for this fiscal year.

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.

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Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual GME High Tertiary Payment to your facility	(A)	\$2,053,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$2,053,335
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$512,464
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$1,540,871

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April 28, 2020

Edward Jimenez
UF Health Shands
P.O. Box 100303
Gainesville, FL 32610

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) High Tertiary Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$8,716,960 for this fiscal year.

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.

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Graduate Medical Education – High Tertiary
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands**

Annual GME High Tertiary Payment to your facility	(A)	\$8,716,960
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME High Tertiary Payments	(A – B) = (C)	\$8,716,960
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$2,177,423
Your scheduled GME High Tertiary Payment [1] [2]	(C – D) = (E)	\$6,539,537

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