



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

April 28, 2020

Denyse Bales-Chubb  
AdventHealth Tampa  
3100 E Fletcher Ave  
Tampa, FL 33613

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

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 \$193,690 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 – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010102800**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$193,690
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$193,690</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$48,560
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$145,130</b>

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

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



RON DESANTIS  
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MARY C. MAYHEW  
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April 28, 2020

Brett S. McClung  
Baptist Medical Center  
800 Prudential Dr.  
Jacksonville, FL 32207

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010064100**

Dear Mr. McClung:

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 \$127,170 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

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Enclosure:



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Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010064100**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$127,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$127,170</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$31,883
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$95,287</b>

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

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MARY C. MAYHEW  
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April 28, 2020

Alan List, MD  
H. Lee Moffitt Cancer Center  
12902 Magnolia Dr.  
Tampa, FL 33612

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 012032400**

Dear Dr. List:

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 \$199,960 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.

Sincerely,

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center**

Annual GME Severe Deficit Payment to your facility	(A)	\$199,960
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$199,960</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$50,132
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$149,828</b>

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April 28, 2020

Carlos A. Migoya  
Jackson Memorial Hospital  
1611 NW 12th Ave  
Miami, FL 33136

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit 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 \$201,000 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 – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010042100**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$201,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	(A - B) = (C)	\$201,000
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$50,393
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	(C - D) = (E)	<b>\$150,607</b>

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April 28, 2020

Thomas Kmetz  
John Hopkins All Children's Hospital, Inc.  
501 Sixth Ave S  
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010151600**

Dear Mr. Kmetz:

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 \$100,000 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

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Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010151600**

Facility Name (current) : **John Hopkins All Children's Hospital, Inc.**

Annual GME Severe Deficit Payment to your facility	(A)	\$100,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	(A - B) = (C)	\$100,000
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$25,071
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	(C - D) = (E)	<b>\$74,929</b>

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April 28, 2020

Kent R. Thielen, MD  
Mayo Clinic Florida  
4500 San Pablo Rd.  
Jacksonville, FL 32224

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010072200**

Dear Dr. Thielen:

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 \$819,178 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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Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010072200**

Facility Name (current) : **Mayo Clinic Florida**

Annual GME Severe Deficit Payment to your facility	(A)	\$819,178
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$819,178</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$205,377
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$613,801</b>

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April 28, 2020

Zeff Ross  
Memorial Regional Hospital  
3501 Johnson St.  
Hollywood, FL 33021

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010020000**

Dear Mr. Ross:

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 \$20,000 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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Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010020000**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$20,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$20,000</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$5,014
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$14,986</b>

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April 28, 2020

Steven Sonenreich  
Mount Sinai Medical Center  
4300 Alton Rd.  
Miami Beach, FL 33140

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

Dear Mr. Sonenreich:

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 \$589,130 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

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Medicaid Program Finance

Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010046300**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$589,130
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$589,130</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$147,701
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$441,429</b>

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

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RON DESANTIS  
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MARY C. MAYHEW  
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April 28, 2020

Mathew Love  
Nicklaus Children's Hospital  
3100 SW 62nd Ave  
Miami, FL 33155

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010060900**

Dear Mr. Love:

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 \$200,000 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

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Medicaid Program Finance

Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010060900**

Facility Name (current) : **Nicklaus Children's Hospital**

Annual GME Severe Deficit Payment to your facility	(A)	\$200,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$200,000</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$50,142
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$149,858</b>

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

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RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

April 28, 2020

David Strong  
Orlando Health  
52 W Underwood St.  
Orlando, FL 32806

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit 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 \$516,600 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

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Medicaid Program Finance

Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010133800**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$516,600
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$516,600</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$129,517
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$387,083</b>

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

April 28, 2020

John Couris  
Tampa General Hospital  
1 Tampa General Circle  
Tampa, FL 33606

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit 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 \$2,002,540 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

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010099400**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$2,002,540
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,002,540</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$502,058
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,500,482</b>

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
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April 28, 2020

Leon L. Haley Jr., MD  
UF Health Jacksonville  
655 W 8th St.  
Jacksonville, FL 32209

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit 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 \$500,510 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 – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010067600**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$500,510
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$500,510</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$125,483
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$375,027</b>

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April 28, 2020

Edward Jimenez  
UF Health Shands  
1600 SW Archer Rd.  
Gainesville, FL 32608

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit 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 \$3,171,310 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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Graduate Medical Education – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010003000**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$3,171,310
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$3,171,310</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$795,081
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$2,376,229</b>

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MARY C. MAYHEW  
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April 28, 2020

Stephen L. Demers  
University of Miami Hospital  
1475 NW 12th Ave  
Miami, FL 33136

**RE: State Fiscal Year 2019 - 2020  
Second Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010047100**

Dear Mr. Demers:

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 \$1,793,000 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 – Severe Deficit  
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010047100**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$1,793,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,793,000</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$449,524
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,343,476</b>

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