



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Sharon Vereen Jones  
Reimbursement Manager  
Ann Bates Leach Eye Hospital  
1475 NW 12th Ave  
Hope Lodge #205  
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0116483-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$393,151 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0116483-00**

Facility Name (current) : **Ann Bates Leach Eye Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$393,151
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$393,151</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$98,288
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$98,288</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Aventura Hospital and Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120375-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,432,053 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120375-00**

Facility Name (current) : **Aventura Hospital and Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,432,053
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,432,053</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$358,013
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$358,014</b>

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Michael Mayo, FACHE  
President  
Baptist Medical Center Jacksonville  
800 Prudential Drive  
Jacksonville, Florida 32207

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100641-00**

Dear Mr. Mayo:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,161,972 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100641-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,161,972
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,161,972</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$290,493
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$290,493</b>

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RICK SCOTT  
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JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Kathryn Gillette  
President & CEO  
Bayfront Health - St. Petersburg  
701 6th Street South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$749,637 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101567-00**

Facility Name (current) : **Bayfront Health - St. Petersburg**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$749,637
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$749,637</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$187,409
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$187,410</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.



RICK SCOTT  
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SECRETARY

December 1, 2017

Mr. Roger L. Kirk  
President / CEO  
Bethesda Hospital East  
2815 South Seacrest Boulevard  
Boynton Beach, Florida 33435

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101401-00**

Dear Mr. Kirk:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$586,645 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101401-00**

Facility Name (current) : **Bethesda Hospital East**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$586,645
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$586,645</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$146,661
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$146,662</b>

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December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Blake Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0110213-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$778,476 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0110213-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$778,476
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$778,476</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$194,619
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$194,619</b>

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JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Dawn Javersack  
CFO  
Boca Raton Regional Hospital  
800 Meadows Road  
Boca Raton, Florida 33486

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101419-00**

Dear Mr. Javersack:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,083,986 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101419-00**

Facility Name (current) : **Boca Raton Regional Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,083,986
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,083,986</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$270,996
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$270,997</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Brandon Regional Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0118079-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,356,759 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0118079-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,356,759
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,356,759</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$339,190
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$339,190</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Drew Grossman  
CEO  
Broward Health Coral Springs  
3000 Coral Hills Drive  
Coral Springs, Florida 33065

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120405-00**

Dear Mr. Grossman:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$91,338 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120405-00**

Facility Name (current) : **Broward Health Coral Springs**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$91,338
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$91,338</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$22,835
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$22,834</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Alex Fernandez  
CEO  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100129-00**

Dear Mr. Fernandez:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$2,501,576 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100129-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,501,576
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,501,576</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$625,394
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$625,394</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mario Jordon, LCSW  
President / CEO  
Citrus Health Network  
4175 West 20th Avenue  
Hialeah, Florida 33012

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 6885713-00**

Dear Mr. Jordon:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$400,000 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **6885713-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$400,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$400,000</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$100,000
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$100,000</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Joanna A. Dutton, MBA  
Facility Administrator  
Cleveland Clinic Hospital  
2950 Cleveland Clinic Blvd  
Weston, Florida 33331

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0102202-00**

Dear Ms. Dutton:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,644,704 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0102202-00**

Facility Name (current) : **Cleveland Clinic Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,644,704
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,644,704</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$411,176
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$411,176</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Mark Bryan  
CFO  
Delray Medical Center  
5352 Linton Boulevard  
Delray Beach, Florida 33484

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120090-00**

Dear Mr. Bryan:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$453,473 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120090-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$453,473
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$453,473</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$113,368
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$113,369</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mary L. Ulrey, MS  
ARNP  
Drug Abuse Comprehensive Coordinating Office  
4422 E. Columbus Drive  
Tampa, Florida 33605

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0606502-00**

Dear Ms. Ulrey:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$200,000 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0606502-00**

Facility Name (current) : **Drug Abuse Comprehensive Coordinating Office**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$200,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$200,000</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$50,000
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$50,000</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Daryl Tol  
CEO  
Florida Hospital  
550 East Rollins Street  
Orlando, Florida 32803

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101290-00**

Dear Mr. Tol:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$3,442,322 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101290-00**

Facility Name (current) : **Florida Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,442,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$3,442,322</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$860,581
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$860,580</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Shane Cox  
CFO  
Florida Hospital Carrollwood  
7171 N. Dale Mabry Hwy.  
Tampa, Florida 33614

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100943-00**

Dear Mr. Cox:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$45,245 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100943-00**

Facility Name (current) : **Florida Hopsital Carrollwood**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$45,245
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$45,245</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$11,312
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$11,311</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Dima Didenko  
CFO  
Florida Hospital Tampa  
3100 East Fletcher Avenue  
Tampa, Florida 33613

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101028-00**

Dear Mr. Didenko:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$194,371 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101028-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$194,371
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$194,371</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$48,593
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$48,593</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Florida Hospital Wesley Chapel  
2600 Bruce B. Downs Blvd  
Wesley Chapel, Florida 33544

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0054568-00**

Dear Sir or Madam:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$28,243 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0054568-00**

Facility Name (current) : **Florida Hospital Wesley Chapel**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$28,243
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$28,243</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$7,062
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$7,060</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Alan F. List, M.D.  
President /CEO  
H. Lee Moffit Cancer Center  
12902 Magnolia Drive  
Tampa, Florida 33612

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120324-00**

Dear Dr. List:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,686,559 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120324-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,686,559
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,686,559</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$421,640
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$421,640</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Jeff Feasel  
CEO  
Halifax Health Medical Center  
303 N. Clyde-Morris Blvd.  
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$554,049 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101842-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$554,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$554,049</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$138,512
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$138,513</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Todd Radosevich  
Executive Director of Revenue Management  
Holy Cross Hospital  
4875 North Federal Highway  
5th Floor  
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100188-00**

Dear Mr. Radosevich:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$880,593 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100188-00**

Facility Name (current) : **Holy Cross Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$880,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$880,593</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$220,148
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$220,149</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Carlos Migoya  
President / CEO  
Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
West Wing, Suite 117  
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$12,467,755 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100421-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$12,467,755
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$12,467,755</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,116,939
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$3,116,939</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
JFK Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101460-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,085,271 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101460-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,085,271
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,085,271</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$271,318
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$271,318</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Jonathan M. Ellen, MD  
President/Vice Dean  
John Hopkins All Children's Hospital  
501 6th Ave South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,581,260 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101516-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,581,260
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,581,260</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$395,315
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$395,315</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Kendall Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120138-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,829,078 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120138-00**

Facility Name (current) : **Kendall Regional Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,829,078
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,829,078</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$457,270
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$457,269</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Darcy J. Davis  
CEO  
Lakeside Medical Center  
2601 10th Ave North, Ste 100  
Palm Springs, Florida 33462

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101443-00**

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$292,767 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101443-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$292,767
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$292,767</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$73,192
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$73,192</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Largo Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,943,117 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0119741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,943,117
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,943,117</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$485,779
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$485,780</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Sandy Sosa-Guerrero  
CEO  
Larkin Community Hospital  
7031 SW 62nd Avenue  
P.O. Box 43-1810  
Miami, Florida 33243

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$3,846,129 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120057-00**

Facility Name (current) : **Larkin Community Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,846,129
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$3,846,129</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$961,532
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$961,533</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Carlos Milanes  
Hospital Administrator  
Palm Springs General Hospital  
1475 West 49th Street  
Hialeah, Florida 33012

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100536-00**

Dear Mr. Milanes:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$557,521 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100536-00**

Facility Name (current) : **Palm Springs General Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$557,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$557,521</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$139,380
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$139,381</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Benjamin A. Spence  
CFO  
Lee Memorial Hospital  
2776 Cleveland Ave  
Ft Myers, Florida 33901

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$654,563 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101109-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$654,563
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$654,563</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$163,641
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$163,641</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mark A Tierney, CPA  
System Chief Financial Officer  
Manatee Memorial Hospital  
206 Second Street East  
Bradenton, Florida 34208

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101168-00**

Dear Mr. Tierney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$819,485 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101168-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$819,485
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$819,485</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$204,871
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$204,872</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Robert Howey, CPA  
Manager  
Mayo Clinic  
4500 San Pablo Rd  
Jacksonville, Florida 32224

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100722-00**

Dear Mr. Howey:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$2,122,560 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100722-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,122,560
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,122,560</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$530,640
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$530,640</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Memorial Hospital Jacksonville  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101931-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$102,335 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101931-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$102,335
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$102,335</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$25,584
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$25,584</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Frank V. Sacco  
President / CEO  
Memorial Regional Hospital  
3501 Johnson St.  
Hollywood, Florida 33021

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$225,033 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100200-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$225,033
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$225,033</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$56,258
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$56,259</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Kris Hoce  
Hospital Administrator  
Morton F. Plant Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101583-00**

Dear Mr. Hoce:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$502,961 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101583-00**

Facility Name (current) : **Morton F. Plant Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$502,961
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$502,961</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$125,740
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$125,741</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Steven Sonenreich  
CEO  
Mt. Sinai Medical Center  
4300 Alton Rd  
Miami Beach, Florida 33140

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$2,635,656 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100463-00**

Facility Name (current) : **Mt. Sinai Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,635,656
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,635,656</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$658,914
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$658,914</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Vicki Hale  
CFO  
Naples Community Hospital  
350 7th Street North  
Naples, Florida 34102-5457

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100315-00**

Dear Ms. Hale:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$271,252 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100315-00**

Facility Name (current) : **Naples Community Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$271,252
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$271,252</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$67,813
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$67,813</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Timothy Birkenstock  
Senior Vice President / CFO  
Nicklaus Children's Hospital  
3100 S.W. 62nd Avenue  
Miami, Florida 33155-3009

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$2,599,201 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100609-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,599,201
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,599,201</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$649,800
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$649,801</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
North Florida Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0108626-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,268,196 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0108626-00**

Facility Name (current) : **North Florida Regional Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,268,196
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,268,196</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$317,049
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$317,049</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Northside Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0115193-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$589,131 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0115193-00**

Facility Name (current) : **Northside Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$589,131
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$589,131</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$147,283
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$147,283</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Oak Hill Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120073-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$873,188 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120073-00**

Facility Name (current) : **Oak Hill Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$873,188
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$873,188</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$218,297
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$218,297</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Ocala Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0109886-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,230,110 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0109886-00**

Facility Name (current) : **Ocala Regional Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,230,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,230,110</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$307,528
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$307,527</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Orange Park Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0111741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,221,354 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0111741-00**

Facility Name (current) : **Orange Park Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,221,354
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,221,354</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$305,338
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$305,339</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. John Gaspelin  
Director of Finance  
Orlando Health  
1414 Kuhl Avenue  
Orlando, Florida 32806

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$5,231,045 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101338-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$5,231,045
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$5,231,045</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,307,761
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$1,307,762</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Osceola Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101389-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,352,033 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101389-00**

Facility Name (current) : **Osceola Regional Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,352,033
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,352,033</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$338,008
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$338,009</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Hopeton English  
Controller  
Palmetto General Hospital  
2001 West 68th St.  
Hialeah, Florida 33016

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0104604-00**

Dear Mr. English:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on a equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,630,679 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0104604-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,630,679
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,630,679</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$407,670
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$407,670</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Palms West Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$408,666 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120260-00**

Facility Name (current) : **Palms West Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$408,666
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$408,666</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$102,167
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$102,166</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Regional Medical Center at Bayonet Point  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0119881-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$871,919 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0119881-00**

Facility Name (current) : **Regional Medical Center at Bayonet Point**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$871,919
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$871,919</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$217,980
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$217,980</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Henry Stovall  
President  
Sacred Heart Hospital  
5151 N 9th Avenue  
Pensacola, Florida 32504

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,203,989 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100765-00**

Facility Name (current) : **Sacred Heart Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,203,989
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,203,989</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$300,997
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$300,998</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. David Verinder  
CEO  
Sarasota Memorial Hospital  
1700 S. Tamiami Trail  
Sarasota, Florida 34239

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101761-00**

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$334,548 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101761-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$334,548
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$334,548</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$83,637
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$83,637</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Tom Schlemmer  
CFO  
St. Mary's Medical Center  
901 45th St.  
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$139,672 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101486-00**

Facility Name (current) : **St. Mary's Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$139,672
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$139,672</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$34,918
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$34,918</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
St. Lucie Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0119971-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$769,494 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0119971-00**

Facility Name (current) : **St. Lucie Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$769,494
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$769,494</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$192,373
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$192,374</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
St. Petersburg General Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120103-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$537,910 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0120103-00**

Facility Name (current) : **St. Petersburg General Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$537,910
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$537,910</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$134,477
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$134,478</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Donnie L. Romine  
COO  
Saint Vincent's Medical Center Riverside  
1 Shircliff Way  
Jacksonville, Florida 32204

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100731-00**

Dear Mr. Romine:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on a equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$579,080 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100731-00**

Facility Name (current) : **Saint Vincent's Medical Center Riverside**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$579,080
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$579,080</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$144,770
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$144,770</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. G. Mark O'Bryant  
President / CEO  
Tallahassee Memorial Hospital  
1300 Miccosukee  
Tallahassee, Florida 32308

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$1,270,845 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0101133-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,270,845
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$1,270,845</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$317,711
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$317,712</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Steve L. Short  
Senior Vice President / CFO  
Tampa General Hospital  
P.O. Box 1289  
Tampa, Florida 33601

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100994-00**

Dear Mr. Short:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$5,386,609 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100994-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$5,386,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$5,386,609</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,346,652
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$1,346,653</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Russell Armistead  
CEO  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$4,702,471 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100676-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,702,471
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$4,702,471</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,175,618
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$1,175,618</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Timothy M. Goldfarb  
CEO  
UF Health Shands Hospital  
Box 100326  
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$9,982,036 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100030-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$9,982,036
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$9,982,036</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,495,509
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$2,495,509</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
University Hospital and Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0112801-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$411,189 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0112801-00**

Facility Name (current) : **University Hospital and Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$411,189
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$411,189</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$102,797
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$102,798</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Sharon Vereen Jones  
Reimbursement Manager  
University of Miami Hospital  
1475 NW 12th Ave  
Hope Lodge #205  
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100366-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$2,348,816 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100366-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,348,816
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$2,348,816</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$587,204
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$587,204</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Ms. Sharon Vereen Jones  
Reimbursement Manager  
University of Miami Hospital & Clinics  
1475 N.W. 12th Avenue  
Hope Lodge #205  
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100471-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$860,602 for this fiscal year. The procedure 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100471-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$860,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$860,602</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$215,150
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$215,151</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Joseph Paul  
CFO  
Wellington Regional Medical Center  
10101 Forest Hill Boulevard  
Willington, Florida 33414

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0102130-00**

Dear Mr. Paul:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$356,143 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0102130-00**

Facility Name (current) : **Wellington Regional Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$356,143
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$356,143</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$89,036
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$89,036</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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Mr. Jason Bell  
Director of Graduate Medical Education  
West Kendall Baptist Hospital  
9555 SW 162 Ave  
Miami, Florida 33196

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0032265-00**

Dear Mr. Bell:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$239,802 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0032265-00**

Facility Name (current) : **West Kendall Baptist Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$239,802
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$239,802</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$59,950
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$59,951</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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 1, 2017

Gilda Baldwin, DHSc, MMS  
CEO  
Westchester General Hospital  
2500 SW 75th Street  
Miami, Florida 33155

**RE: State Fiscal Year 2017 - 2018  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100625-00**

Dear Ms. Baldwin:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled second quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 50% of your projected annual amount of \$299,377 for this fiscal year. The procedure 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **0100625-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$299,377
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$299,377</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$74,844
<b>Your second Graduate Medical Education Payment [1] [2]</b>	<b>((C x .50) - D) = (E)</b>	<b>\$74,845</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.