



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$393,151
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$98,288

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,432,053
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$358,013

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,161,972
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$290,493

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$749,637
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$187,409

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$586,645
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$146,661

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$778,476
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$194,619

- [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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 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 first quarter payment (electronically transferred) represents approximately 25% 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

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,083,986
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$270,996

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,356,759
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$339,190

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$91,338
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$22,835

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,501,576
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$625,394

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$400,000
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$100,000

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,644,704
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$411,176

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$453,473
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$113,368

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$200,000
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$50,000

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,442,322
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$860,581

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$45,245
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$11,312

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$194,371
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$48,593

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$28,243
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$7,062

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,686,559
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$421,640

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$554,049
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$138,512

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$880,593
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$220,148

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$12,467,755
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$3,116,939

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,085,271
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$271,318

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,581,260
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$395,315

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,829,078
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$457,270

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$292,767
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$73,192

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,943,117
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$485,779

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,846,129
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$961,532

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$557,521
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$139,380

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$654,563
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$163,641

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$819,485
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$204,871

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,122,560
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$530,640

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$102,335
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$25,584

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$225,033
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$56,258

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$502,961
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$125,740

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,635,656
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$658,914

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$271,252
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$67,813

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,599,201
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$649,800

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,268,196
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$317,049

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$589,131
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$147,283

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$873,188
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$218,297

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,230,110
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$307,528

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,221,354
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$305,338

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$5,231,045
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$1,307,761

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,352,033
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$338,008

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,630,679
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$407,670

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$408,666
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$102,167

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$871,919
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$217,980

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,203,989
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$300,997

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$334,548
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$83,637

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$139,672
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$34,918

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$769,494
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$192,373

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$537,910
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$134,477

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$579,080
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$144,770

- [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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,270,845
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$317,711

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$5,386,609
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$1,346,652

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$4,702,471
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$1,175,618

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$9,982,036
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$2,495,509

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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. 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$411,189
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$102,797

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,348,816
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$587,204

[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

September 20, 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
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$860,602
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$215,150

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$356,143
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	$((C \times .25) - D) = (E)$	\$89,036

[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

September 20, 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
First 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 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$239,802
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$59,950

[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

September 20, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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 first quarter payment (electronically transferred) represents approximately 25% 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 First 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
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$299,377
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
Your first Graduate Medical Education Payment [1] [2]	((C x .25) - D) = (E)	\$74,844

[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.