



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

January 28, 2020

Jonathan R. Turton  
Broward Health Medical Center  
1600 South Andrews Avenue  
Fort Lauderdale, Florida 33316-2564

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

Dear Mr. Turton:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$872,145 for this fiscal year.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010012900**

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

Annual GME High Tertiary Payment to your facility	(A)	\$872,145
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	<b>(A – B) = (C)</b>	<b>\$872,145</b>
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$218,036</b>

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

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



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MARY C. MAYHEW  
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January 28, 2020

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

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

Dear Mr. Harcombe:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,217,416 for this fiscal year.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010129000**

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

Annual GME High Tertiary Payment to your facility	(A)	\$1,217,416
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,217,416</b>
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$304,354</b>

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

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



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January 28, 2020

Carlos A. Migoya  
Jackson Memorial Hospital  
1611 Northwest 12th Avenue  
Miami, Florida 33136-1096

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

Dear Mr. Migoya:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$9,554,922 for this fiscal year.

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

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

Sincerely,

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Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010042100**

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

Annual GME High Tertiary Payment to your facility	(A)	\$9,554,922
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	(A – B) = (C)	\$9,554,922
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	(C x .25) = (E)	<b>\$2,388,731</b>

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

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



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January 28, 2020

Steven Sonenreich  
Mount Sinai Medical Center  
4300 Alton Road  
Miami Beach, Florida 33140-2800

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

Dear Mr. Sonenreich:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,118,735 for this fiscal year.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010046300**

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

Annual GME High Tertiary Payment to your facility	(A)	\$1,118,735
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,118,735</b>
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$279,684</b>

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

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





RON DESANTIS  
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January 28, 2020

David Strong  
Orlando Health  
1414 Kuhl Avenue  
Orlando, Florida 32806-2008

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

Dear Mr. Strong:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,837,146 for this fiscal year.

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

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

Sincerely,

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010133800**

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

Annual GME High Tertiary Payment to your facility	(A)	\$1,837,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,837,146</b>
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$459,287</b>

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

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January 28, 2020

John Couris  
Tampa General Hospital  
One Tampa General Circle  
Tampa, Florida 33601-1289

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

Dear Mr. Couris:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$4,566,882 for this fiscal year.

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

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

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010099400**

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

Annual GME High Tertiary Payment to your facility	(A)	\$4,566,882
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	(A – B) = (C)	\$4,566,882
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	(C x .25) = (E)	<b>\$1,141,721</b>

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

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January 28, 2020

Leon L. Haley Jr., MD  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596

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

Dear Dr. Haley:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$2,049,856 for this fiscal year.

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

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

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Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010067600**

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

Annual GME High Tertiary Payment to your facility	(A)	\$2,049,856
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,049,856</b>
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$512,464</b>

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

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January 28, 2020

Edward Jimenez  
UF Health Shands  
P.O. Box 100303  
Gainesville, Florida 32610-3001

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

Dear Mr. Jimenez:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$8,709,692 for this fiscal year.

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

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Medicaid Program Finance

Graduate Medical Education – High Tertiary

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010003000**

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

Annual GME High Tertiary Payment to your facility	(A)	\$8,709,692
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME High Tertiary Payments</b>	<b>(A – B) = (C)</b>	<b>\$8,709,692</b>
Total of your "GME High Tertiary" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME High Tertiary Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$2,177,423</b>

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

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