



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

September 14, 2020

William F. Hawley
Fawcett Memorial Hospital
21298 Olean Boulevard
Port Charlotte, FL 33952

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) Primary Care Payment
Medicaid Number: 011746300**

Dear Mr. Hawley:

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

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$14,473 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 – Primary Care
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **011746300**

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

Annual GME Primary Care Payment to your facility	(A)	\$14,473
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A – B) = (C)	\$14,473
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$5,863
Your scheduled GME Primary Care Payment [1] [2]	(C – D) = (E)	\$8,610

[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
GOVERNOR

MARY C. MAYHEW
SECRETARY

September 14, 2020

Lawrence R. Antonucci
Lee Memorial Hospital
P.O. Box 2218
Fort Myers, FL 33901

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) Primary Care Payment
Medicaid Number: 010110900**

Dear Mr. Antonucci:

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

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$2,192,092 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 – Primary Care
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010110900**

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

Annual GME Primary Care Payment to your facility	(A)	\$2,192,092
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A – B) = (C)	\$2,192,092
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$459,844
Your scheduled GME Primary Care Payment [1] [2]	(C – D) = (E)	\$1,732,248

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

September 14, 2020

Paul Hiltz
Naples Community Hospital
350 7th Street North
Naples, FL 34102

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) Primary Care Payment
Medicaid Number: 010031500**

Dear Mr. Hiltz:

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

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$1,658,752 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 – Primary Care
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010031500**

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

Annual GME Primary Care Payment to your facility	(A)	\$1,658,752
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A – B) = (C)	\$1,658,752
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$671,947
Your scheduled GME Primary Care Payment [1] [2]	(C – D) = (E)	\$986,805

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

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

September 14, 2020

David Verinder
Sarasota Memorial Hospital
1743 Main Street
Sarasota, FL 34236

**RE: State Fiscal Year 2019 - 2020
Second Graduate Medical Education (GME) Primary Care Payment
Medicaid Number: 010176100**

Dear Mr. Verinder:

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

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$4,384,183 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 – Primary Care
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number : **010176100**

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

Annual GME Primary Care Payment to your facility	(A)	\$4,384,183
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A – B) = (C)	\$4,384,183
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$919,688
Your scheduled GME Primary Care Payment [1] [2]	(C – D) = (E)	\$3,464,495

[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.