



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

September 19, 2018

Lee Chaykin
Aventura Hospital and Medical Center
20900 Biscayne Boulevard
Aventura, Florida 33180-1407

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012037500**

Dear: Mr. Chaykin

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,596,438 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012037500

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,596,438
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,596,438
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 0.25) = (E)	\$399,109

[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 19, 2018

A. Hugh Greene
Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, Florida 32207-8202

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010064100**

Dear: Mr. Greene

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,111,263 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010064100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,111,263
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,111,263
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 0.25) = (E)	\$277,817

[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 19, 2018

Kathryn Gillette
Bayfront Health - Saint Petersburg
701 6th Street South
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010156700**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$711,160 for state fiscal year 2018 - 2019. 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010156700

Facility Name (current) : **Bayfront Health - Saint Petersburg**

Annual Graduate Medical Education Payment to your facility	(A)	\$711,160
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$711,160
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 0.25) = (E)	\$177,790

[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 19, 2018

Roger Kirk
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435-7934

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010140100**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$595,550 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010140100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$595,550
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$595,550
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 0.25) = (E)	\$148,888

[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 19, 2018

Daniel Friedrich
Blake Medical Center
2020 59th Street West
Bradenton, Florida 34209

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011021300**

Dear: Mr. Friedrich

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$939,414 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011021300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$939,414
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$939,414
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 0.25) = (E)	\$234,854

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

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



RICK SCOTT
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JUSTIN M. SENIOR
SECRETARY

September 19, 2018

Jerry Fedele
Boca Raton Regional Hospital
800 Meadows Road
Boca Raton, Florida 33486-2368

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010141900**

Dear: Mr. Fedele

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$966,686 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010141900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$966,686
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$966,686
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 0.25) = (E)	\$241,671

[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 19, 2018

Diego I. Shmuels
Borinquen Medical Health Centers of Miami Dade
3601 Federal Highway
Miami, FL 33137-3795

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 029554000**

Dear: Dr. Shmuels

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$63,540 for state fiscal year 2018 - 2019. 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,

Lisa Smith, 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 2018 – 2019 First Payment

Medicaid Number : 029554000

Facility Name (current) : **Borinquen Medical Health Centers of Miami Dade**

Annual Graduate Medical Education Payment to your facility	(A)	\$63,540
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$63,540
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 0.25) = (E)	\$15,885

[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 19, 2018

Bland Eng
Brandon Regional Hospital
119 Oakfield Drive
Brandon, Florida 33511-5779

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011807900**

Dear: Mr. Eng

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,784,813 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011807900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,784,813
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,784,813
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 0.25) = (E)	\$446,203

[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 19, 2018

Jared M Smith
Broward Health Coral Springs
3000 Coral Hill Drive Coral Springs Florida
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012040500**

Dear: Mr. Smith

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$72,318 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012040500

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

Annual Graduate Medical Education Payment to your facility	(A)	\$72,318
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$72,318
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 0.25) = (E)	\$18,079

[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 19, 2018

Sandra J Todd-Atkinson
Broward Health Medical Center
1600 South Andrews Avenue
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010012900**

Dear: Ms. Todd-Atkinson

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,344,921 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010012900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,344,921
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,344,921
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 0.25) = (E)	\$586,230

[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 19, 2018

Maria A Alonso, MBA, CHCQM
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 688571300**

Dear: Ms. Alonso

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$254,160 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 688571300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$254,160
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$254,160
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 0.25) = (E)	\$63,540

[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 19, 2018

Ralph A. Aleman
Citrus Memorial Hospital
502 West Highland Boulevard
Inverness, Florida 34452-4754

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010219900**

Dear: Mr. Aleman

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$256,548 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010219900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$256,548
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$256,548
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 0.25) = (E)	\$64,137

[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 19, 2018

Wael Barsoum, M.D.
Cleveland Clinic Hospital
3100 Weston Road
Weston, Florida 33331-3602

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010220200**

Dear: Dr. Barsoum

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,633,775 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010220200

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,633,775
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,633,775
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 0.25) = (E)	\$408,444

[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 19, 2018

Mark Bryan
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484-6514

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012009000**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$589,646 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012009000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$589,646
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$589,646
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 0.25) = (E)	\$147,412

[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 19, 2018

Daryl Tol
Florida Hospital
Regulatory Affairs
Maitland, Florida 32751

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010129000**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$3,210,526 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010129000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,210,526
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,210,526
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 0.25) = (E)	\$802,632

[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 19, 2018

Joe Johnson
Florida Hospital Carrollwood
7171 North Dale Mabry Highway
Tampa, Florida 33614-2670

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010094300**

Dear: Mr. Johnson

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$42,677 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010094300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$42,677
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$42,677
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 0.25) = (E)	\$10,669

[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 19, 2018

Brian Adams
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, Florida 33613-4613

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010102800**

Dear: Mr. Adams

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$185,225 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010102800

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

Annual Graduate Medical Education Payment to your facility	(A)	\$185,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$185,225
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 0.25) = (E)	\$46,306

[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 19, 2018

Denyse Bales-Chubb
Florida Hospital Wesley Chapel
2600 Bruce B. Downs Boulevard
Wesley Chapel, FL 33544

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 005456800**

Dear: Ms. Bales-Chubb

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$27,256 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 005456800

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

Annual Graduate Medical Education Payment to your facility	(A)	\$27,256
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$27,256
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 0.25) = (E)	\$6,814

[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 19, 2018

John A. Kolosky
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive, Mail Stop: MBC-ACCT
Tampa, Florida 33612-9416

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012032400**

Dear: Mr. Kolosky

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,690,264 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012032400

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research Institute Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,690,264
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,690,264
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 0.25) = (E)	\$422,566

[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 19, 2018

Jeff Feasel
Halifax Health Medical Center
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010184200**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$488,005 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010184200

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

Annual Graduate Medical Education Payment to your facility	(A)	\$488,005
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$488,005
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 0.25) = (E)	\$122,001

[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 19, 2018

Patrick A. Taylor MD
Holy Cross Hospital Inc.
4725 North Federal Highway
Fort Lauderdale, Florida 33308-4603

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010018800**

Dear: Dr. Taylor

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,115,552 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010018800

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,115,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,115,552
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 0.25) = (E)	\$278,888

[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 19, 2018

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

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010042100**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$11,575,657 for state fiscal year 2018 - 2019. 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010042100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$11,575,657
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$11,575,657
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 0.25) = (E)	\$2,893,914

[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 19, 2018

Gina Melby
JFK Medical Center
5301 South Congress Avenue
Atlantis, Florida 33462-1149

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010146000**

Dear: Ms. Melby

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$976,981 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010146000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$976,981
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$976,981
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 0.25) = (E)	\$244,245

[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 19, 2018

Jonathan Ellen, MD, President & Physician in Chief
Johns Hopkins All Children's Hospital
601 5th Street South, Suite 509
Saint Petersburg, Florida 33701-4816

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010151600**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,403,421 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010151600

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,403,421
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,403,421
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 0.25) = (E)	\$350,855

[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 19, 2018

Brandon Haushalter
Kendall Regional Medical Center
11750 Southwest 40th Street
Miami, Florida 33175 - 3530

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012013800**

Dear: Mr. Haushalter

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,982,377 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012013800

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,982,377
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,982,377
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 0.25) = (E)	\$495,594

[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 19, 2018

Darcy Davis
Lakeside Medical Center
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010144300**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$218,692 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010144300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$218,692
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$218,692
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 0.25) = (E)	\$54,673

[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 19, 2018

Anthony Degina
Largo Medical Center
201 14th Street Southwest
Largo, Florida 33770-3133

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011974100**

Dear: Mr. Degina

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,766,690 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011974100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,766,690
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,766,690
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 0.25) = (E)	\$441,673

[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 19, 2018

Sandy Sosa-Guerrero
Larkin Community Hospital
5996 Southwest 70th Street, 5th Floor
South Miami, Florida 33143-4701

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012005700**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$3,389,638 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012005700

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,389,638
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,389,638
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 0.25) = (E)	\$847,409

[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 19, 2018

Iris Berges
Larkin Community Hospital Palm Springs Campus
1475 West 49th Street
Hialeah, Florida 33012-3222

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010053600**

Dear: Ms. Berges

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$881,530 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010053600

Facility Name (current) : **Larkin Community Hospital Palm Springs Campus**

Annual Graduate Medical Education Payment to your facility	(A)	\$881,530
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$881,530
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 0.25) = (E)	\$220,383

[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 19, 2018

James R. Nathan
Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010110900**

Dear: Mr. Nathan

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$592,910 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010110900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$592,910
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$592,910
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 0.25) = (E)	\$148,227

[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 19, 2018

Kevin DiLallo
Manatee Memorial Hospital
206 2nd Street East
Bradenton, Florida 34208-1000

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010116800**

Dear: Mr. DiLallo

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$759,584 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010116800

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

Annual Graduate Medical Education Payment to your facility	(A)	\$759,584
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$759,584
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 0.25) = (E)	\$189,896

[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 19, 2018

Gianrico Farrugia
Mayo Clinic
4500 San Pablo Road South
Jacksonville, Florida 32224

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010072200**

Dear: Mr. Farrugia

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,990,466 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010072200

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,990,466
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,990,466
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 0.25) = (E)	\$497,617

[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 19, 2018

Bradley Talbert
Memorial Hospital Jacksonville
3625 University Boulevard South
Jacksonville, Florida 32216-4207

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010193100**

Dear: Mr. Talbert

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$112,755 for state fiscal year 2018 - 2019. 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010193100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$112,755
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$112,755
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 0.25) = (E)	\$28,189

[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 19, 2018

Leah Carpenter
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010252100**

Dear: Ms. Carpenter

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$411,877 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010252100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$411,877
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$411,877
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 0.25) = (E)	\$102,969

[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 19, 2018

Zeff Ross
Memorial Regional Hospital
3501 Johnson Street
Hollywood, Florida 33021-5487

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010020000**

Dear: Mr. Ross

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$348,429 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010020000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$348,429
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$348,429
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 0.25) = (E)	\$87,107

[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 19, 2018

Kris Hoce
Morton Plant Hospital
300 Pinellas Street, MS# 21
Clearwater, Florida 33756

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010158300**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$443,389 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010158300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$443,389
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$443,389
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 0.25) = (E)	\$110,847

[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 19, 2018

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

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010046300**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,554,485 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010046300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,554,485
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,554,485
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 0.25) = (E)	\$638,621

[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 19, 2018

Allen S. Weiss, M.D.
Naples Community Hospital
350 7th Street North
Naples, Florida 34102-5730

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010031500**

Dear: Mr. Weiss

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$443,630 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010031500

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

Annual Graduate Medical Education Payment to your facility	(A)	\$443,630
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$443,630
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 0.25) = (E)	\$110,908

[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 19, 2018

M. Narendra Kini, M.D.
Nicklaus Children's Hospital
3100 Southwest 62nd Avenue
Miami, Florida 33155-3073

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010060900**

Dear: Dr. Narendra Kini

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,581,521 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010060900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,581,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,581,521
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 0.25) = (E)	\$645,380

[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 19, 2018

Brian Cook
North Florida Regional Medical Center
P.O. Box 147006
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010862600**

Dear: Mr. Cook

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,876,666 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010862600

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,876,666
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,876,666
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 0.25) = (E)	\$469,166

[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 19, 2018

Dia Nichols
Northside Hospital
6000 49th Street North
Saint Petersburg, Florida 33709-2145

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011519300**

Dear: Mr. Nichols

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$523,765 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011519300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$523,765
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$523,765
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 0.25) = (E)	\$130,941

[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 19, 2018

Mickey Smith
Oak Hill Hospital
11375 Cortez Boulevard
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012007300**

Dear: Mr. Smith

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,508,519 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012007300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,508,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,508,519
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 0.25) = (E)	\$377,130

[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 19, 2018

Chad Christianson
Ocala Regional Medical Center
1431 Southwest 1st Avenue
Ocala, Florida 34474-4000

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010988600**

Dear: Mr. Christianson

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,549,344 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010988600

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,549,344
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,549,344
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 0.25) = (E)	\$387,336

[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 19, 2018

Chad Patrick
Orange Park Medical Center
2001 Kingsley Avenue
Orange Park, Florida 32073-5418

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011174100**

Dear: Mr. Patrick

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,226,949 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011174100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,226,949
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,226,949
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 0.25) = (E)	\$306,737

[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 19, 2018

David Strong, President & CEO
Orlando Regional Medical Center
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010133800**

Dear: Mr. Strong

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$4,825,526 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010133800

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,825,526
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,825,526
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 0.25) = (E)	\$1,206,381

[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 19, 2018

Robert Krieger
Osceola Regional Medical Center
700 West Oak St
Kissimmee, Florida 34741-4996

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010138900**

Dear: Mr. Krieger

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,710,559 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010138900

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,710,559
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,710,559
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 0.25) = (E)	\$427,640

[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 19, 2018

Ana Mederos
Palmetto General Hospital
2001 West 68th Street
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010460400**

Dear: Ms. Mederos

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,561,848 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010460400

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,561,848
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,561,848
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 0.25) = (E)	\$390,462

[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 19, 2018

Eric Goldman
Palms West Hospital
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012026000**

Dear: Mr. Goldman

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$355,950 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012026000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$355,950
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$355,950
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 0.25) = (E)	\$88,987

[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 19, 2018

C. Shayne George
Regional Medical Center Bayonet Point
14000 Fivay Road
Hudson, Florida 34667-7103

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011988100**

Dear: Mr. George

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,397,567 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011988100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,397,567
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,397,567
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 0.25) = (E)	\$349,392

[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 19, 2018

Ms. Susan Davis
Sacred Heart Hospital
5151 North 9th Avenue
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010076500**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,111,237 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010076500

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,111,237
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,111,237
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 0.25) = (E)	\$277,809

[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 19, 2018

David Verinder
Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010176100**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$532,322 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010176100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$532,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$532,322
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 0.25) = (E)	\$133,081

[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 19, 2018

Joey Bulfin
Saint Mary's Medical Center
901 45th Street
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010148600**

Dear: Mr. Bulfin

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$222,875 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010148600

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

Annual Graduate Medical Education Payment to your facility	(A)	\$222,875
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$222,875
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 0.25) = (E)	\$55,719

[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 19, 2018

Janice Balzano
Saint Petersburg General Hospital
6500 38th Avenue North
Saint Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012010300**

Dear: Ms. Balzano

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$563,393 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012010300

Facility Name (current) : **Saint Petersburg General Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$563,393
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$563,393
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 0.25) = (E)	\$140,848

[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 19, 2018

Jay Finnegan
St. Lucie Medical Center
1800 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7521

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011997100**

Dear: Mr. Finnegan

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$718,752 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011997100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$718,752
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$718,752
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 0.25) = (E)	\$179,688

[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 19, 2018

Tom Vanosdol
Saint Vincent's Medical Center Riverside
1800 Barrs Street
Jacksonville, Florida 32204

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010073100**

Dear: Mr. Vanosdol

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$528,846 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010073100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$528,846
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$528,846
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 0.25) = (E)	\$132,212

[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 19, 2018

Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010113300**

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,233,674 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010113300

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,233,674
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,233,674
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 0.25) = (E)	\$308,418

[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 19, 2018

John Couris
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601-1289

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010099400**

Dear: Mr. Couris

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$5,157,074 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010099400

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

Annual Graduate Medical Education Payment to your facility	(A)	\$5,157,074
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$5,157,074
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 0.25) = (E)	\$1,289,268

[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 19, 2018

Leon Haley
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010067600**

Dear: Mr. Haley

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$4,520,613 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010067600

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,520,613
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,520,613
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 0.25) = (E)	\$1,130,153

[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 19, 2018

Ed Jimenez
UF Health Shands Hospital
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010003000**

Dear: Mr. Jimenez

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$9,321,894 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010003000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$9,321,894
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$9,321,894
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 0.25) = (E)	\$2,330,474

[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 19, 2018

Joseph D. Melchiode, FACHE
University Hospital and Medical Center
7201 North University Drive
Tamarac, Florida 33321-2913

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011280100**

Dear: Mr. Melchiode

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$406,678 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 011280100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$406,678
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$406,678
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 0.25) = (E)	\$101,670

[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 19, 2018

Richard Ballard
University of Miami Hospital and Clinics
1475 Northwest 12th Avenue
Miami, Florida 33136-1086

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010047100**

Dear: Mr. Ballard

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$3,490,088 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010047100

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,490,088
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,490,088
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 0.25) = (E)	\$872,522

[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 19, 2018

Robbin Lee
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Wellington, Florida 33414

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010213000**

Dear: Ms. Lee

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$331,480 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010213000

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

Annual Graduate Medical Education Payment to your facility	(A)	\$331,480
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$331,480
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 0.25) = (E)	\$82,870

[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 19, 2018

Mitch Feldman
West Boca Medical Center
21644 State Road 7
Boca Raton, Florida 33428-1842

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012024300**

Dear: Mr. Feldman

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$41,183 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 012024300

Facility Name (current) : **West Boca Medical Center**

Annual Graduate Medical Education Payment to your facility	(A)	\$41,183
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$41,183
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 0.25) = (E)	\$10,296

[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 19, 2018

Javier Hernandez-Lichtz
West Kendall Baptist Hospital
9555 Southwest 162 Avenue
Miami, Florida 33196

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 003226500**

Dear: Mr. Hernandez-Lichtz

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$216,358 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 003226500

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

Annual Graduate Medical Education Payment to your facility	(A)	\$216,358
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$216,358
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 0.25) = (E)	\$54,090

[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 19, 2018

Rudy Garcia
Westchester General Hospital
2500 Southwest 75th Avenue
Miami, Florida 33155-2805

**RE: State Fiscal Year 2018 - 2019
First Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010062500**

Dear: Mr. Garcia

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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$253,071 for state fiscal year 2018 - 2019. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 First Payment

Medicaid Number : 010062500

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

Annual Graduate Medical Education Payment to your facility	(A)	\$253,071
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$253,071
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 0.25) = (E)	\$63,268

[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.