



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Erika Skula
AdventHealth Carrollwood
7171 N Dale Mabry Hwy
Tampa, FL 33614

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010094300**

Dear Ms. Skula:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$34,976 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010094300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$34,976
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)	\$34,976
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$8,949
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$8,539

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$3,119,662 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010129000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,119,662
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)	\$3,119,662
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$799,202
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$760,629

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

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



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SIMONE MARSTILLER
SECRETARY

November 2, 2021

Denyse Bales-Chubb
AdventHealth Tampa
3100 E Fletcher Ave
Tampa, FL 33613

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$127,131 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010102800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$127,131
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)	\$127,131
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$32,311
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$31,255

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

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



RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

November 2, 2021

David LeMount
Aventura Hospital and Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012037500**

Dear Mr. LeMount:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,173,095 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012037500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,173,095
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)	\$2,173,095
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$558,600
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$527,948

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

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



RON DESANTIS
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SECRETARY

November 2, 2021

Brett S. McClung
Baptist Medical Center Jacksonville
800 Prudential Dr.
Jacksonville, FL 32207

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010064100**

Dear Mr. McClung:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$873,313 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010064100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$873,313
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)	\$873,313
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$214,318
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$222,339

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

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RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

November 2, 2021

Sharon Hayes
Bayfront Medical Center
701 6th St. S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010156700**

Dear Ms. Hayes:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$571,987 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
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 2021 – 2022 Second Payment

Medicaid Number : **010156700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$571,987
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)	\$571,987
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$147,134
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$138,860

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

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



RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

November 2, 2021

Steve Nierman
Blake Medical Center
2020 59th St. W
Bradenton, FL 34209

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011021300**

Dear Mr. Nierman:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,119,449 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
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 2021 – 2022 Second Payment

Medicaid Number : **011021300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,119,449
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)	\$1,119,449
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$287,750
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$271,975

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

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



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SIMONE MARSTILLER
SECRETARY

November 2, 2021

Lincoln S. Mendez
Boca Raton Regional Hospital
800 Meadows Rd.
Boca Raton, FL 33486

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010141900**

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,077,033 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
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 2021 – 2022 Second Payment

Medicaid Number : **010141900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,077,033
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)	\$1,077,033
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$272,472
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$266,045

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Rosalyn Frazier
Borinquen Medical Health Centers of Miami Dade
3601 Federal Highway
Miami, FL 33137

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 029554000**

Dear Ms. Frazier:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$177,022 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **029554000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$177,022
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)	\$177,022
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$45,542
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$42,969

[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.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

D. Bland Eng
Brandon Regional Hospital
119 Oakfield Dr.
Brandon, FL 33511

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011807900**

Dear Mr. Eng:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,397,725 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011807900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,397,725
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)	\$2,397,725
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$616,217
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$582,646

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012040500**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$104,674 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
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 2021 – 2022 Second Payment

Medicaid Number : **012040500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$104,674
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)	\$104,674
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$26,686
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$25,651

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010821900**

Dear Mr. Gross:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$87,568 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Graduate Medical Education Payment to your facility	(A)	\$87,568
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)	\$87,568
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$22,430
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$21,354

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010012900**

Dear Ms. Havericak:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,058,119 for state fiscal year 2021 - 2022. 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.

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Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010012900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,058,119
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)	\$2,058,119
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$527,726
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$501,334

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010021800**

Dear Ms. Taylor:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$408,066 for state fiscal year 2021 - 2022. 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.

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Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Graduate Medical Education Payment to your facility	(A)	\$408,066
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)	\$408,066
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$104,721
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$99,312

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Melissa L. Skinner
Centerstone
2020 26th Ave E
Bradenton, FL 34208

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 060280905**

Dear Ms. Skinner:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$156,593 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **060280905**

Facility Name (current) : **Centerstone**

Annual Graduate Medical Education Payment to your facility	(A)	\$156,593
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)	\$156,593
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$40,287
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$38,010

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Maria A. Alonso
Citrus Health Network
4175 West 20th Avenue
Hialeah, FL 33012

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 688571300**

Dear Ms. Alonso:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$234,905 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **688571300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$234,905
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)	\$234,905
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$60,430
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$57,023

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Ginger A. Carroll
Citrus Memorial Hospital
502 Highland Blvd
Inverness, FL 34452

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010219900**

Dear Ms. Carroll:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$664,548 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010219900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$664,548
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)	\$664,548
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$170,820
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$161,454

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Wael Kamal Barsoum, MD
Cleveland Clinic Hospital
3100 Weston Rd.
Weston, FL 33331

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010220200**

Dear Dr. Barsoum:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,560,018 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010220200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,560,018
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)	\$1,560,018
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$338,563
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$441,446

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Brodes H. Hartley, Jr.
Community Health of South Florida, Inc
10300 Southwest 216th Street
Miami, FL 33190

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 029572800**

Dear Mr. Hartley:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$40,827 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **029572800**

Facility Name (current) : **Community Health of South Florida,Inc**

Annual Graduate Medical Education Payment to your facility	(A)	\$40,827
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)	\$40,827
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$10,510
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$9,904

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Margaret M. Gill
Delray Medical Center
5352 Linton Blvd
Delray Beach, FL 33484

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012009000**

Dear Ms. Gill:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$499,398 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012009000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$499,398
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)	\$499,398
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$128,243
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$121,456

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Javier Hernandez-Lichtl
Doctors Hospital
5000 University Dr.
Coral Gables, FL 33146

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010354300**

Dear Mr. Hernandez-Lichtl:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$18,036 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010354300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$18,036
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)	\$18,036
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$4,556
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$4,462

[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.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010184200**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$446,525 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010184200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$446,525
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)	\$446,525
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$114,242
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$109,021

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Doug Strong
Holy Cross Hospital
4725 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010018800**

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,105,033 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010018800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,105,033
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)	\$1,105,033
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$284,115
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$268,402

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Carlos A. Migoya
Jackson Health System
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010042100**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$9,811,873 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010042100**

Facility Name (current) : **Jackson Health System**

Annual Graduate Medical Education Payment to your facility	(A)	\$9,811,873
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)	\$9,811,873
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,327,458
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$2,578,479

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Gina Melby
JFK Medical Center
5301 S Congress Ave
Atlantis, FL 33462

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010146000**

Dear Ms. Melby:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$833,982 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010146000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$833,982
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)	\$833,982
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$213,882
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$203,109

[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.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,361,970 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010151600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,361,970
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)	\$1,361,970
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$345,273
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$335,712

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Brandon Haushalter
Kendall Regional Medical Center
11750 Bird Rd.
Miami, FL 33175

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012013800**

Dear Mr. Haushalter:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,709,276 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012013800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,709,276
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)	\$1,709,276
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$439,005
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$415,633

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010144300**

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$209,099 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010144300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$209,099
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)	\$209,099
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$53,710
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$50,840

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Adam Rudd
Largo Medical Center
201 14th St. SW
Largo, FL 33770

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011974100**

Dear Mr. Rudd:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,623,537 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011974100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,623,537
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)	\$1,623,537
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$417,372
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$394,397

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Sandra Sosa-Guerrero
Larkin Community Hospital
7031 SW 62nd Ave
South Miami, FL 33143

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,821,110 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012005700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,821,110
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)	\$2,821,110
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$725,564
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$684,991

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Iris Berges
Larkin Community Hospital Palm Springs Campus
1475 W 49th Pl
Hialeah, FL 33012

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010053600**

Dear Ms. Berges:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,722,527 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010053600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,722,527
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)	\$1,722,527
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$439,970
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$421,294

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010110900**

Dear Mr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$629,514 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010110900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$629,514
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)	\$629,514
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$160,265
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$154,492

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Kevin DiLallo
Manatee Memorial Hospital
206 2nd St E
Bradenton, FL 34208

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$639,978 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010116800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$639,978
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)	\$639,978
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$164,342
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$155,647

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Kent R. Thielen, MD
Mayo Clinic
4500 San Pablo Rd.
Jacksonville, FL 32224

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010072200**

Dear Dr. Thielen:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,988,668 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010072200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,988,668
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)	\$1,988,668
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$509,324
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$485,010

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Mike Wyers
Medical Center of Trinity
9330 SR 54
Trinity, FL 34655

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010552000**

Dear Mr. Wyers:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$906,691 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010552000**

Facility Name (current) : **Medical Center of Trinity**

Annual Graduate Medical Education Payment to your facility	(A)	\$906,691
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)	\$906,691
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$232,996
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$220,350

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Bradley S. Talbert
Memorial Hospital Jacksonville
3625 University Blvd S
Jacksonville, FL 32216

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010193100**

Dear Mr. Talbert:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$182,494 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010193100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$182,494
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)	\$182,494
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$46,456
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$44,791

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,262,639 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010252100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,262,639
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)	\$1,262,639
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$324,410
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$306,910

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010020000**

Dear Mr. Ross:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,341,805 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010020000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,341,805
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)	\$1,341,805
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$342,459
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$328,444

[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.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Glenn Davenport Waters
Morton Plant
300 Pinellas St.
Clearwater, FL 33756

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010158300**

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$397,707 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010158300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$397,707
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)	\$397,707
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$98,287
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$100,567

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Steven Sonenreich
Mount Sinai Medical Center
4300 Alton Rd.
Miami Beach, FL 33140

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,532,785 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010046300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,532,785
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)	\$2,532,785
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$613,617
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$652,776

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Paul Hiltz
Naples Community Hospital
350 7th St. N
Naples, FL 34102

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010031500**

Dear Mr. Hiltz:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$617,518 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010031500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$617,518
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)	\$617,518
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$158,503
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$150,256

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

R Lawrence Moss, MD, FACS, FAAP
Nemours Children's Hospital
6535 Nemours Pkwy
Orlando, FL 32827

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 004087600**

Dear Dr. Moss:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$921,110 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **004087600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$921,110
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)	\$921,110
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$235,545
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$225,010

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Mathew Love
Nicklaus Children's Hospital
3100 SW 62nd Ave
Miami, FL 33155

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010060900**

Dear Mr. Love:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,363,539 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010060900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,363,539
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)	\$2,363,539
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$560,985
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$620,785

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Eric C. Lawson
North Florida Regional Medical Center
6500 Newberry Rd.
Gainesville, FL 32605

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010862600**

Dear Mr. Lawson:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,286,099 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010862600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,286,099
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)	\$2,286,099
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$587,588
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$555,462

[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.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Valerie Powell-Stafford
Northside Hospital
6000 49th St. N
Saint Petersburg, FL 33709

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011519300**

Dear Ms. Powell-Stafford:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$451,520 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011519300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$451,520
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)	\$451,520
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$116,010
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$109,750

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Erica Gulrich
Northwest Medical Center
2801 N State Rd. 7
Margate, FL 33063

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010459100**

Dear Ms. Gulrich:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$304,575 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010459100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$304,575
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)	\$304,575
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$78,052
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$74,236

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Mickey Smith
Oak Hill Hospital
11375 Cortez Blvd
Brooksville, FL 34613

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012007300**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,785,934 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012007300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,785,934
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)	\$1,785,934
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$459,160
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$433,807

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Chad P. Christianson
Ocala Regional Medical Center
1431 SW 1st Ave
Ocala, FL 34474

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010988600**

Dear Mr. Christianson:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,827,218 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010988600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,827,218
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)	\$1,827,218
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$469,590
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$444,019

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Lisa Valentine
Orange Park Medical Center
2001 Kingsley Ave
Orange Park, FL 32073

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011174100**

Dear Ms. Valentine:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,885,830 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011174100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,885,830
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)	\$1,885,830
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$484,606
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$458,309

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

David Strong
Orlando Health
52 W Underwood St.
Orlando, FL 32806

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010133800**

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$4,263,909 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010133800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,263,909
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)	\$4,263,909
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,073,956
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$1,057,999

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Davide M. Carbone
Osceola Regional Medical Center
700 W Oak St.
Kissimmee, FL 34741

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010138900**

Dear Mr. Carbone:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,861,485 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010138900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,861,485
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)	\$1,861,485
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$478,263
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$452,480

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Ana J. Mederos
Palmetto General Hospital
2001 W 68th St.
Hialeah, FL 33016

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010460400**

Dear Ms. Mederos:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,262,768 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010460400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,262,768
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)	\$1,262,768
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$299,899
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$331,485

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Joshua DeTillio
Palms West Hospital
13001 Southern Blvd
Loxahatchee, FL 33470

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$294,107 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012026000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$294,107
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)	\$294,107
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$75,294
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$71,760

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Gina Temple, PhD, MPA, BSN
Regional Medical Center Bayonet Point
14000 Fivay Rd.
Hudson, FL 34667

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011988100**

Dear Ms. Temple:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,426,802 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011988100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,426,802
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)	\$1,426,802
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$366,723
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$346,678

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Henry Stovall
Sacred Heart Hospital
5151 N North 9th Avenue
Pensacola, FL 32504

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010076500**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$934,743 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010076500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$934,743
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)	\$934,743
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$239,243
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$228,129

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010176100**

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,007,030 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010176100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,007,030
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)	\$1,007,030
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$258,366
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$245,149

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Jay Finnegan
St. Lucie Medical Center
1800 SE Tiffany Ave
Port Saint Lucie, FL 34952

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011997100**

Dear Mr. Finnegan:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$423,373 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011997100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$423,373
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)	\$423,373
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$108,784
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$102,903

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Cynthia McCauley
St. Mary's Medical Center
901 45th St.
West Palm Beach, FL 33407

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010148600**

Dear Ms. McCauley:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$374,383 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010148600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$374,383
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)	\$374,383
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$93,152
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$94,040

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Kenneth Wicker
St. Petersburg General Hospital
6500 38th Ave N
Saint Petersburg, FL 33710

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012010300**

Dear Mr. Wicker:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$495,086 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012010300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$495,086
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)	\$495,086
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$127,260
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$120,283

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Joseph Impicciche, JD, MHA
St. Vincent's Medical Center Riverside
One Shircliff Way
Jacksonville, FL 32204

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010073100**

Dear Mr. Impicciche:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$437,767 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010073100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$437,767
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)	\$437,767
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$112,329
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$106,555

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

George Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Rd.
Tallahassee, FL 32308

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,027,465 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010113300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,027,465
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)	\$1,027,465
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$263,673
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$250,060

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

John Couris
Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010099400**

Dear Mr. Couris:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$4,402,949 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010099400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,402,949
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)	\$4,402,949
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,128,348
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$1,073,127

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010067600**

Dear Dr. Haley:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$4,087,025 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010067600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,087,025
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)	\$4,087,025
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,035,693
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$1,007,820

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Edward Jimenez
UF Health Shands Hospital
1600 SW Archer Rd.
Gainesville, FL 32608

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$8,369,632 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010003000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$8,369,632
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)	\$8,369,632
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,106,513
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$2,078,303

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Ben Harris
University Hospital and Medical Center
7201 N University Dr.
Tamarac, FL 33321

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011280100**

Dear Mr. Harris:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$391,946 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011280100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$391,946
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)	\$391,946
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$100,728
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$95,245

[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.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Stephen L. Demers
University of Miami Hospital and Clinics
1475 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010047100**

Dear Mr. Demers:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$3,170,662 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010047100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,170,662
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)	\$3,170,662
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$727,934
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$857,397

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Pamela Tahan
Wellington Regional Medical Center
10101 Forest Hill Blvd
Wellington, FL 33414

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010213000**

Dear Ms. Tahan:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$323,213 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010213000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$323,213
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)	\$323,213
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$82,940
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$78,667

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

George Rizzuto
West Boca Medical Center
21644 State Rd. 7
Boca Raton, FL 33428

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012024300**

Dear Mr. Rizzuto:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$63,713 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **012024300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$63,713
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)	\$63,713
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$15,791
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$16,066

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Brian Baumgardner
West Florida Hospital
8383 N Davis Hwy
Pensacola, FL 32514

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011321200**

Dear Mr. Baumgardner:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$129,782 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011321200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$129,782
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)	\$129,782
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$33,201
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$31,690

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Lourdes Boue
West Kendall Baptist Hospital
9555 SW 162nd Ave
Miami, FL 33196

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 003226500**

Dear Ms. Boue:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$193,738 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **003226500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$193,738
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)	\$193,738
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$48,065
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$48,804

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Rudy Garcia
Westchester General Hospital
2500 SW 75th Ave
Miami, FL 33155

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010062500**

Dear Mr. Garcia:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$252,653 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010062500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$252,653
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)	\$252,653
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$64,954
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$61,373

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Barbara J. Simmons
Westside Regional Medical Center
8201 W Broward Blvd
Plantation, FL 33324

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011230500**

Dear Ms. Simmons:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$440,480 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **011230500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$440,480
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)	\$440,480
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$113,187
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$107,053

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

November 2, 2021

Glenn Davenport Waters
Winter Haven Hospital
200 Ave F NE
Winter Haven, FL 33881

**RE: State Fiscal Year 2021 - 2022
Second Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010169900**

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "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 2021 - 2022.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$190,588 for state fiscal year 2021 - 2022. 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 Second Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$190,588
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)	\$190,588
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$48,738
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50)-(D) = (E)	\$46,556

[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.