



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$40,599 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010094300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$40,599
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)	\$40,599
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$20,300
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$10,149

[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

MARY C. MAYHEW
SECRETARY

January 21, 2020

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$3,175,383 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010129000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,175,383
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)	\$3,175,383
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,587,692
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$793,845

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$169,037 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010102800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$169,037
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)	\$169,037
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$84,519
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$42,259

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Lee B. Chaykin
Aventura Hospital & Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012037500**

Dear Mr. Chaykin:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,215,471 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012037500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,215,471
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)	\$2,215,471
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,107,736
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$553,867

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$914,059 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010064100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$914,059
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)	\$914,059
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$457,030
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$228,514

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$613,009 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Medical Center - St. Petersburg**

Annual Graduate Medical Education Payment to your facility	(A)	\$613,009
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)	\$613,009
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$306,505
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$153,252

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Ela Lena
Bethesda Hospital East
2815 S Seacrest Blvd
Boynton Beach, FL 33435

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010140100**

Dear Ms. Lena:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$700,251 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010140100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$700,251
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)	\$700,251
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$350,126
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$175,062

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Randal Bailey Currin, Jr.
Blake Medical Center
2020 59th St. W
Bradenton, FL 34209

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011021300**

Dear Mr. Currin:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$885,956 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011021300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$885,956
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)	\$885,956
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$442,978
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$221,489

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,152,580 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010141900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,152,580
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)	\$1,152,580
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$576,290
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$288,145

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Paul Carl Valez
Borinquen Medical Center
3601 Federal Highway
Miami, FL 33137

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 029554000**

Dear Mr. Valez:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$125,475 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **029554000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$125,475
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)	\$125,475
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$62,738
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$31,368

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,124,237 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011807900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,124,237
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,124,237
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,062,119
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$531,059

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$107,876 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012040500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$107,876
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)	\$107,876
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$53,938
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$26,969

[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

MARY C. MAYHEW
SECRETARY

January 21, 2020

Jonathan R. Turton
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010012900**

Dear Mr. Turton:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,253,423 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010012900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,253,423
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)	\$2,253,423
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,126,712
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$563,355

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$285,456 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network, Inc.**

Annual Graduate Medical Education Payment to your facility	(A)	\$285,456
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)	\$285,456
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$142,728
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$71,364

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Ralph Aleman
Citrus Memorial Hospital
502 Highland Blvd
Inverness, FL 34452

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010219900**

Dear Mr. Aleman:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$543,834 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010219900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$543,834
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)	\$543,834
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$271,917
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$135,959

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,751,101 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010220200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,751,101
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)	\$1,751,101
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$875,551
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$437,775

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$47,053 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **029572800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$47,053
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)	\$47,053
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$23,527
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$11,763

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$494,724 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012009000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$494,724
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)	\$494,724
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$247,362
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$123,681

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011746300**

Dear Mr. Hawley:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$10,427 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011746300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$10,427
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)	\$10,427
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$5,214
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$2,606

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Alan List, MD
H. Lee Moffitt Medical Center & Research Institute Hospital
12902 Magnolia Dr.
Tampa, FL 33612

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012032400**

Dear Dr. List:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,585,307 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012032400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,585,307
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)	\$1,585,307
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$792,654
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$396,326

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$493,473 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010184200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$493,473
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)	\$493,473
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$246,737
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$123,368

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Norvell V. Coots, MD
Holy Cross Hospital
4725 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010018800**

Dear Dr. Coots:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,155,798 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010018800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,155,798
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)	\$1,155,798
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$577,899
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$288,950

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$10,944,410 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010042100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$10,944,410
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)	\$10,944,410
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$5,472,205
Your scheduled Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$2,736,103

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$860,296 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010146000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$860,296
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)	\$860,296
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$430,148
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$215,074

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,428,854 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010151600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,428,854
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)	\$1,428,854
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$714,427
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$357,214

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,033,841 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012013800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,033,841
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)	\$2,033,841
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,016,921
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$508,460

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,737,130 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011974100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,737,130
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)	\$1,737,130
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$868,565
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$434,283

[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

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$634,850 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010110900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$634,850
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)	\$634,850
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$317,425
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$158,713

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$761,028 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010116800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$761,028
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)	\$761,028
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$380,514
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$190,257

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,093,632 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010072200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,093,632
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)	\$2,093,632
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,046,816
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$523,408

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Leigh Massengill, RN
Medical Center of Trinity
9330 SR 54
Trinity, FL 34655

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010552000**

Dear Ms. Massengill:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$256,116 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010552000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$256,116
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$256,116
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$128,058
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$64,029

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$188,164 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010193100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$188,164
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)	\$188,164
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$94,082
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$47,041

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$767,738 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010252100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$767,738
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)	\$767,738
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$383,869
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$191,935

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$944,892 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010020000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$944,892
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)	\$944,892
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$472,446
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$236,223

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$428,096 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010158300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$428,096
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)	\$428,096
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$214,048
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$107,024

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,622,918 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010046300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,622,918
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)	\$2,622,918
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,311,459
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$655,730

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$614,639 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010031500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$614,639
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)	\$614,639
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$307,320
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$153,659

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

R Lawrence Moss, MD, FACS, FAAP
Nemours Children's Hospital
13535 Nemours Pkwy
Orlando, FL 32827

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$518,277 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **004087600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$518,277
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)	\$518,277
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$259,139
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$129,569

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,812,610 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010060900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,812,610
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)	\$2,812,610
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,406,305
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$703,153

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,297,820 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010862600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,297,820
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)	\$2,297,820
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,148,910
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$574,455

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$527,232 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011519300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$527,232
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)	\$527,232
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$263,616
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$131,808

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,822,870 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012007300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,822,870
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)	\$1,822,870
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$911,435
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$455,718

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,848,857 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010988600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,848,857
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)	\$1,848,857
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$924,429
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$462,214

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,507,371 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011174100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,507,371
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)	\$1,507,371
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$753,686
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$376,842

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

David Strong
Orlando Health
92 W Miller St.
Orlando, FL 32806

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$4,801,781 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010133800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,801,781
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)	\$4,801,781
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,400,891
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$1,200,445

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,813,273 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010138900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,813,273
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)	\$1,813,273
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$906,637
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$453,318

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,551,529 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010460400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,551,529
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)	\$1,551,529
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$775,765
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$387,882

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$329,148 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012026000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$329,148
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)	\$329,148
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$164,574
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$82,287

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,478,566 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011988100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,478,566
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)	\$1,478,566
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$739,283
Your scheduled Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$369,642

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,060,190 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010076500**

Facility Name (current) : **Sacred Heart Health System**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,060,190
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)	\$1,060,190
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$530,095
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$265,048

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$865,395 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010176100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$865,395
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)	\$865,395
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$432,698
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$216,348

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$635,082 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011997100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$635,082
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)	\$635,082
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$317,541
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$158,771

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Gabrielle Finley-Hazle
St. Mary's Medical Center
901 45th St.
West Palm Beach, FL 33407

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010148600**

Dear Ms. Finley-Hazle:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$312,801 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010148600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$312,801
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)	\$312,801
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$156,401
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$78,200

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Janice Balzano
St. Petersburg General Hospital
6500 38th Ave N
Saint Petersburg, FL 33710

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012010300**

Dear Ms. Balzano:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$560,296 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012010300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$560,296
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)	\$560,296
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$280,148
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$140,074

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$517,303 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010073100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$517,303
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)	\$517,303
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$258,652
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$129,325

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,204,068 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010113300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,204,068
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)	\$1,204,068
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$602,034
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$301,017

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$5,120,001 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010099400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$5,120,001
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$5,120,001
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,560,001
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$1,280,000

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$4,370,780 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010067600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,370,780
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)	\$4,370,780
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,185,390
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$1,092,695

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Edward Jimenez
UF Health Shands
1600 SW Archer Rd.
Gainesville, FL 32610

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$9,640,387 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010003000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$9,640,387
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)	\$9,640,387
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$4,820,194
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$2,410,096

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$398,437 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **011280100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$398,437
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)	\$398,437
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$199,219
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$99,609

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$3,215,690 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010047100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,215,690
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,215,690
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,607,845
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$803,923

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$322,085 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010213000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$322,085
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)	\$322,085
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$161,043
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$80,521

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

Mitchell S. Feldman
West Boca Medical Center
21644 State Rd. 7
Boca Raton, FL 33428

**RE: State Fiscal Year 2019 - 2020
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012024300**

Dear Mr. Feldman:

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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$106,582 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **012024300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$106,582
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)	\$106,582
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$53,291
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$26,646

[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

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$227,839 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **003226500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$227,839
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)	\$227,839
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$113,920
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$56,959

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 21, 2020

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

**RE: State Fiscal Year 2019 - 2020
Third 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$272,597 for state fiscal year 2019 - 2020. 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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Third Payment

Medicaid Number : **010062500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$272,597
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)	\$272,597
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$136,299
Your scheduled Graduate Medical Education Payment [1] [2]	((C x .75) – D) = (E)	\$68,149

[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.