



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

David LeMonte
Aventura Hospital And Medical Center
20900 Biscayne Blvd.
Aventura, FL, 33180

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 12037500**

Dear Mr. LeMonte:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,670,229.20 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **12037500**

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

Annual Public IME distribution to your facility	(A)	\$1,670,229.20
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$1,670,229.20
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,670,229.20

[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

JASON WEIDA
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 11807900**

Dear Mr. Eng:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$26,167.28 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **11807900**

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

Annual Public IME distribution to your facility	(A)	\$26,167.28
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$26,167.28
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$26,167.28

[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

JASON WEIDA
SECRETARY

March 22, 2023

Tom Mihaljevic, MD.
Cleveland Clinic Hospital
3100 Weston Rd.
Weston, FL, 33331

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10220200**

Dear Dr. Mihaljevic:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$369,936.71 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10220200**

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

Annual Public IME distribution to your facility	(A)	\$369,936.71
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$369,936.71
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$369,936.71

[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

JASON WEIDA
SECRETARY

March 22, 2023

Patrick Hwu, MD.
H Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Dr.
Tampa, FL, 33612

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 12032400**

Dear Dr. Hwu:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,012,632.78 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **12032400**

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

Annual Public IME distribution to your facility	(A)	\$2,012,632.78
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$2,012,632.78
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,012,632.78

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

Brandon Haushalter
Kendall Regional Medical Center
11750 SW 40th St.
Miami, FL, 33175

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 12013800**

Dear Mr. Haushalter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,518,388.55 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **12013800**

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

Annual Public IME distribution to your facility	(A)	\$2,518,388.55
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$2,518,388.55
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,518,388.55

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

Sebastian Strom, MD.
Largo Medical Center
201 14th St. SW
Largo, FL, 33770

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 11974100**

Dear Dr. Strom:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$935,030.26 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **11974100**

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

Annual Public IME distribution to your facility	(A)	\$935,030.26
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$935,030.26
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$935,030.26

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

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

Gianrico Farrugia, MD.
Mayo Clinic
4500 San Pablo Rd. S
Jacksonville, FL, 32224

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10072200**

Dear Dr. Farrugia:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$160,853.34 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10072200**

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

Annual Public IME distribution to your facility	(A)	\$160,853.34
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$160,853.34
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$160,853.34

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

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10862600**

Dear Mr. Lawson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,459,196.34 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10862600**

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

Annual Public IME distribution to your facility	(A)	\$2,459,196.34
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$2,459,196.34
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,459,196.34

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

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

Ken Wicker
Oak Hill Hospital
11375 Cortez Blvd.
Spring Hill, FL, 34613

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 12007300**

Dear Mr. Wicker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,279,864.02 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **12007300**

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

Annual Public IME distribution to your facility	(A)	\$1,279,864.02
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$1,279,864.02
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,279,864.02

[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

JASON WEIDA
SECRETARY

March 22, 2023

Alan Keesee
Ocala Regional Medical Center
1431 SW 1st Ave.
Ocala, FL, 34471

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10988600**

Dear Mr. Keesee:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,673,724.57 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10988600**

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

Annual Public IME distribution to your facility	(A)	\$1,673,724.57
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$1,673,724.57
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,673,724.57

[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

JASON WEIDA
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10138900**

Dear Mr. Carbone:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,803,031.60 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10138900**

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

Annual Public IME distribution to your facility	(A)	\$2,803,031.60
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$2,803,031.60
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,803,031.60

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

Regina Temple
Regional Medical Center Bayonet Point
14000 Fivay Rd.
Hudson, FL, 34667

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 11988100**

Dear Ms. Temple:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$987,150.63 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **11988100**

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

Annual Public IME distribution to your facility	(A)	\$987,150.63
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$987,150.63
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$987,150.63

[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

JASON WEIDA
SECRETARY

March 22, 2023

Shane Strum
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL, 33065

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 12040500**

Dear Mr. Strum:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$566,200.65 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **12040500**

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

Annual Public IME distribution to your facility	(A)	\$566,200.65
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$566,200.65
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$566,200.65

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

Shane Strum
Broward Health Medical Center
1608 SE 3rd Ave.
Ft Lauderdale, FL, 33316

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10012900**

Dear Mr. Strum:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$30,836,064.58 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10012900**

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

Annual Public IME distribution to your facility	(A)	\$30,836,064.58
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$30,836,064.58
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$30,836,064.58

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10184200**

Dear Mr. Feasel:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$4,416,860.45 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10184200**

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

Annual Public IME distribution to your facility	(A)	\$4,416,860.45
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$4,416,860.45
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$4,416,860.45

[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

JASON WEIDA
SECRETARY

March 22, 2023

Janet D. Moreland
Lakeside Medical Center
39200 Hooker Hwy.
Belle Glade, FL, 33430

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10144300**

Dear Ms. Moreland:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,458,677.72 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10144300**

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

Annual Public IME distribution to your facility	(A)	\$3,458,677.72
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$3,458,677.72
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,458,677.72

[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

JASON WEIDA
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10110900**

Dear Dr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$5,568,860.92 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10110900**

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

Annual Public IME distribution to your facility	(A)	\$5,568,860.92
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$5,568,860.92
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$5,568,860.92

[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

JASON WEIDA
SECRETARY

March 22, 2023

Vedner Guerrier
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, 33028

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10252100**

Dear Mr. Guerrier:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,295,252.69 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10252100**

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

Annual Public IME distribution to your facility	(A)	\$1,295,252.69
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$1,295,252.69
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,295,252.69

[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

JASON WEIDA
SECRETARY

March 22, 2023

Peter Powers
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL, 33021

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10020000**

Dear Mr. Powers:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,810,033.95 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10020000**

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

Annual Public IME distribution to your facility	(A)	\$3,810,033.95
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$3,810,033.95
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,810,033.95

[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

JASON WEIDA
SECRETARY

March 22, 2023

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trl.
Sarasota, FL, 34239

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10176100**

Dear Mr. Verinder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$5,612,633.20 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10176100**

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

Annual Public IME distribution to your facility	(A)	\$5,612,633.20
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$5,612,633.20
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$5,612,633.20

[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

JASON WEIDA
SECRETARY

March 22, 2023

K. Alicia Schulhof
Johns Hopkins All Children's Hospital
501 6th Ave. S Dept 2402
Saint Petersburg, FL, 33701

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10151600**

Dear Ms. Schulhof:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$5,038,794.25 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10151600**

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

Annual Public IME distribution to your facility	(A)	\$5,038,794.25
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$5,038,794.25
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$5,038,794.25

[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

JASON WEIDA
SECRETARY

March 22, 2023

R. Lawrence Moss, MD.
Nemours Childrens Hospital
6535 Nemours Pkwy.
Orlando, FL, 32827

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 4087600**

Dear Dr. Moss:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,910,511.36 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **4087600**

Facility Name (current) : **Nemours Childrens Hospital**

Annual Public IME distribution to your facility	(A)	\$2,910,511.36
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$2,910,511.36
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,910,511.36

[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

JASON WEIDA
SECRETARY

March 22, 2023

Matthew A. Love
Nicklaus Children's Hospital
3100 SW 62nd Ave.
Miami, FL, 33155

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10060900**

Dear Mr. Love:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$15,408,890.52 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10060900**

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

Annual Public IME distribution to your facility	(A)	\$15,408,890.52
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$15,408,890.52
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$15,408,890.52

[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

JASON WEIDA
SECRETARY

March 22, 2023

John A. Moore
Bayfront Health St. Petersburg
701 6th St. S
Saint Petersburg, FL, 33701

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10156700**

Dear Mr. Moore:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$281,780.61 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10156700**

Facility Name (current) : **Bayfront Health St. Petersburg**

Annual Public IME distribution to your facility	(A)	\$281,780.61
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$281,780.61
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$281,780.61

[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

JASON WEIDA
SECRETARY

March 22, 2023

Don King
Sacred Heart Hospital
5151 N 9th Ave.
Pensacola, FL, 32504

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10076500**

Dear Mr. King:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$897,839.63 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10076500**

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

Annual Public IME distribution to your facility	(A)	\$897,839.63
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$897,839.63
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$897,839.63

[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

JASON WEIDA
SECRETARY

March 22, 2023

Terry Shaw
Adventhealth Orlando
900 Winderley Pl. Ste 2200
Maitland, FL, 32751

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10129000**

Dear Mr. Shaw:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$5,953,237.63 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10129000**

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

Annual Public IME distribution to your facility	(A)	\$5,953,237.63
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$5,953,237.63
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$5,953,237.63

[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

JASON WEIDA
SECRETARY

March 22, 2023

Gino R. Santorio
Mount Sinai Medical Center
4300 Alton Rd.
Miami Beach, FL, 33140

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10046300**

Dear Mr. Santorio:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,403,673.38 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10046300**

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

Annual Public IME distribution to your facility	(A)	\$2,403,673.38
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$2,403,673.38
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,403,673.38

[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

JASON WEIDA
SECRETARY

March 22, 2023

David Strong
Orlando Health Orlando Regional Medical Center
1414 Kuhl Ave.
Orlando, FL, 32806

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$15,010,441.39 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10133800**

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

Annual Public IME distribution to your facility	(A)	\$15,010,441.39
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$15,010,441.39
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$15,010,441.39

[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

JASON WEIDA
SECRETARY

March 22, 2023

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

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$17,835,716.15 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10099400**

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

Annual Public IME distribution to your facility	(A)	\$17,835,716.15
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$17,835,716.15
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$17,835,716.15

[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

JASON WEIDA
SECRETARY

March 22, 2023

Russ Armistead, MBA
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL, 32209

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10067600**

Dear Mr. Armistead:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$16,568,301.36 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10067600**

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

Annual Public IME distribution to your facility	(A)	\$16,568,301.36
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$16,568,301.36
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$16,568,301.36

[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

JASON WEIDA
SECRETARY

March 22, 2023

Stephen D. Nimer, MD.
University of Miami Hospital And Clinics-Sylvester Comprehensive
1475 NW 12th Ave.
Miami, FL, 33136

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10047100**

Dear Dr. Nimer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$6,015,098.40 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10047100**

Facility Name (current) : **University of Miami Hospital And Clinics-Sylvester
Comprehensive**

Annual Public IME distribution to your facility	(A)	\$6,015,098.40
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$6,015,098.40
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$6,015,098.40

[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

JASON WEIDA
SECRETARY

March 22, 2023

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave.
Miami, FL, 33136

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10042100**

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$247,883,047.14 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10042100**

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

Annual Public IME distribution to your facility	(A)	\$247,883,047.14
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$247,883,047.14
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$247,883,047.14

[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

JASON WEIDA
SECRETARY

March 22, 2023

James J. Kelly, Jr., CPA
UF Health Shands Hospital
1600 SW Archer Rd.
Gainesville, FL, 32610

**RE: State Fiscal Year 2022-2023
Annual Indirect Medical Education Payment
Medicaid Number: 10003000**

Dear Mr. Kelly:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$198,787,933.01 for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10003000**

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

Annual Public IME distribution to your facility	(A)	\$198,787,933.01
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled IME Distribution	(C)	\$198,787,933.01
Total of your IME Payments previously paid in this fiscal year	(D)	
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$198,787,933.01

[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.