



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

January 27, 2020

Denyse Bales-Chubb  
AdventHealth Tampa  
3100 East Fletcher Avenue  
Tampa, FL 33613

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$194,240 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010102800**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$194,240
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$194,240</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$48,560</b>

[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 27, 2020

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

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010064100**

Dear Mr. McClung:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$127,531 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010064100**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$127,531
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$127,531</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$31,883</b>

[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 27, 2020

Alan List, MD  
H. Lee Moffitt Cancer Center  
12902 Magnolia Drive  
Tampa, FL 33612

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 012032400**

Dear Dr. List:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$200,528 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **012032400**

Facility Name (current) : **H. Lee Moffitt Cancer Center**

Annual GME Severe Deficit Payment to your facility	(A)	\$200,528
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$200,528</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$50,132</b>

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

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



RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

January 27, 2020

Carlos A. Migoya  
Jackson Memorial Hospital  
1611 Northwest 12th Avenue  
Miami, FL 33136

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010042100**

Dear Mr. Migoya:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$201,571 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010042100**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$201,571
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$201,571</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$50,393</b>

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

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





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MARY C. MAYHEW  
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January 27, 2020

Thomas Kmetz  
John Hopkins All Children's Hospital, Inc.  
501 Sixth Avenue South  
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010151600**

Dear Mr. Kmetz:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$100,284 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010151600**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$100,284
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$100,284</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$25,071</b>

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

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



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MARY C. MAYHEW  
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January 27, 2020

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

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010072200**

Dear Dr. Thielen:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$821,506 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010072200**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$821,506
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$821,506</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$205,377</b>

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

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



RON DESANTIS  
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MARY C. MAYHEW  
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January 27, 2020

Zeff Ross  
Memorial Regional Hospital  
3501 Johnson Street  
Hollywood, FL 33021

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010020000**

Dear Mr. Ross:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$20,057 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010020000**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$20,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$20,057</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$5,014</b>

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

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



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SECRETARY

January 27, 2020

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

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$590,805 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010046300**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$590,805
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$590,805</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$147,701</b>

[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 27, 2020

Mathew Love  
Nicklaus Children's Hospital  
3100 Southwest 62nd Avenue  
Miami, FL 33155

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010060900**

Dear Mr. Love:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$200,568 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010060900**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$200,568
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$200,568</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$50,142</b>

[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 27, 2020

David Strong  
Orlando Health  
1414 Kuhl Avenue  
Orlando, FL 32806

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010133800**

Dear Mr. Strong:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$518,068 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010133800**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$518,068
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$518,068</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$129,517</b>

[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 27, 2020

John Couris  
Tampa General Hospital  
One Tampa General Circle  
Tampa, FL 33601

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010099400**

Dear Mr. Couris:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$2,008,232 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010099400**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$2,008,232
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,008,232</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$502,058</b>

[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 27, 2020

Leon L. Haley Jr., MD  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, FL 32209

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010067600**

Dear Dr. Haley:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$501,933 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010067600**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$501,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$501,933</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$125,483</b>

[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 27, 2020

Edward Jimenez  
UF Health Shands  
P.O. Box 100303  
Gainesville, FL 32610

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010003000**

Dear Mr. Jimenez:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$3,180,324 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010003000**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$3,180,324
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,180,324</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$795,081</b>

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

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

January 27, 2020

Stephen L. Demers  
University of Miami Hospital  
1475 Northwest 12th Avenue  
Miami, FL 33136

**RE: State Fiscal Year 2019 - 2020  
First Graduate Medical Education (GME) Severe Deficit Payment  
Medicaid Number: 010047100**

Dear Mr. Demers:

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

This payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,798,096 for this fiscal year.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education – Severe Deficit

State Fiscal Year 2019 – 2020 First Payment

Medicaid Number : **010047100**

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

Annual GME Severe Deficit Payment to your facility	(A)	\$1,798,096
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual GME Severe Deficit Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,798,096</b>
Total of your "GME Severe Deficit" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled GME Severe Deficit Payment [1] [2]</b>	<b>(C x .25) = (E)</b>	<b>\$449,524</b>

[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.