



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Skula:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$35,796 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010094300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$35,796 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$35,796 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$8,949 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

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

Dear Mr. Harcombe:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$3,196,808 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010129000**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$3,196,808 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$3,196,808 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$799,202 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Bales-Chubb:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$129,244 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010102800**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$129,244 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$129,244 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$32,311 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. LeMount:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,234,400 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012037500**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,234,400 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,234,400 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$558,600 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. McClung:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$857,272 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010064100**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$857,272 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$857,272 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$214,318 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Hayes:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$588,536 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010156700**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$588,536 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$588,536 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$147,134 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Nierman:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,151,000 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011021300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,151,000 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,151,000 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$287,750 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,089,888 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010141900**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,089,888 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,089,888 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$272,472 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Frazier:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$182,168 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **029554000**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$182,168 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$182,168 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$45,542 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Eng:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,464,868 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011807900**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,464,868 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,464,868 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$616,217 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$106,744 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012040500**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$106,744 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$106,744 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$26,686 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Gross:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$89,720 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010821900**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$89,720 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$89,720 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$22,430 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Havericak:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,110,904 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010012900**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,110,904 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,110,904 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$527,726 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Taylor:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$418,884 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010021800**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$418,884 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$418,884 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$104,721 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Skinner:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$161,148 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **060280905**

Facility Name (current) : **Centerstone**

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$161,148 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$161,148 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$40,287 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Alonso:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$241,720 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **688571300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$241,720 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | $(A - B) = (C)$ | \$241,720 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | $(C \times 0.25) = (E)$ | \$60,430 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Carroll:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$683,280 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010219900**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$683,280 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$683,280 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$170,820 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Dr. Barsoum:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,354,252 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010220200**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,354,252 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,354,252 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$338,563 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Hartley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$42,040 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **029572800**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$42,040 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$42,040 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$10,510 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Gill:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$512,972 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012009000**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$512,972 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$512,972 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$128,243 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Hernandez-Lichtl:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$18,224 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010354300**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$18,224 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$18,224 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$4,556 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$456,968 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010184200**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$456,968 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$456,968 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$114,242 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,136,460 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010018800**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,136,460 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,136,460 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$284,115 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$9,309,832 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010042100**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$9,309,832 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$9,309,832 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$2,327,458 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Melby:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$855,528 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010146000**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$855,528 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$855,528 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$213,882 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Kmetz:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,381,092 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010151600**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,381,092 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,381,092 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$345,273 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Haushalter:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,756,020 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012013800**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,756,020 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,756,020 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$439,005 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$214,840 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010144300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$214,840 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$214,840 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$53,710 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Rudd:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,669,488 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011974100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,669,488 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,669,488 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$417,372 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,902,256 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012005700**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,902,256 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,902,256 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$725,564 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Berges:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,759,880 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010053600**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,759,880 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,759,880 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$439,970 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$641,060 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010110900**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$641,060 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$641,060 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$160,265 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. DiLallo:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$657,368 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010116800**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$657,368 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$657,368 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$164,342 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Dr. Thielen:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,037,296 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010072200**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,037,296 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,037,296 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$509,324 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Wyers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$931,984 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010552000**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$931,984 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$931,984 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$232,996 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Talbert:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$185,824 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010193100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$185,824 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$185,824 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$46,456 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Carpenter:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,297,640 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010252100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,297,640 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,297,640 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$324,410 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Ross:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,369,836 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010020000**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,369,836 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,369,836 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$342,459 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$393,147 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010158300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$393,147 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$393,147 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$98,287 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,454,468 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010046300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,454,468 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,454,468 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$613,617 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Hiltz:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$634,012 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010031500**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$634,012 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$634,012 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$158,503 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Dr. Moss:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$942,180 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **004087600**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$942,180 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$942,180 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$235,545 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Love:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,243,940 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in cursive script that reads "Maureen Castaño".

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010060900**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,243,940 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,243,940 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$560,985 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Lawson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,350,352 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010862600**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,350,352 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,350,352 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$587,588 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Powell-Stafford:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$464,040 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011519300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$464,040 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$464,040 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$116,010 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Gulrich:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$312,208 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010459100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$312,208 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$312,208 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$78,052 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,836,640 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012007300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,836,640 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,836,640 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$459,160 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Christianson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,878,360 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010988600**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,878,360 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,878,360 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$469,590 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Valentine:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,938,424 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011174100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,938,424 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,938,424 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$484,606 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$4,295,824 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010133800**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$4,295,824 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$4,295,824 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$1,073,956 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Carbone:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,913,052 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010138900**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,913,052 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,913,052 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$478,263 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Mederos:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,199,596 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010460400**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,199,596 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,199,596 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$299,899 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. DeTillio:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$301,176 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012026000**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$301,176 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$301,176 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$75,294 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Temple:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,466,892 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011988100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,466,892 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,466,892 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$366,723 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$956,972 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010076500**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$956,972 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$956,972 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$239,243 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,033,464 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010176100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,033,464 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,033,464 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$258,366 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Finnegan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$435,136 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011997100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$435,136 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$435,136 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$108,784 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. McCauley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$372,608 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010148600**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$372,608 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$372,608 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$93,152 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Wicker:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$509,040 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012010300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$509,040 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$509,040 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$127,260 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Impicciche:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$449,316 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010073100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$449,316 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$449,316 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$112,329 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$1,054,692 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010113300**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$1,054,692 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$1,054,692 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$263,673 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Couris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$4,513,392 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010099400**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$4,513,392 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$4,513,392 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$1,128,348 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Dr. Haley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$4,142,772 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010067600**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$4,142,772 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$4,142,772 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$1,035,693 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Jimenez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$8,426,052 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010003000**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$8,426,052 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$8,426,052 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$2,106,513 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Harris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$402,912 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011280100**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$402,912 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$402,912 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$100,728 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Demers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$2,911,736 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010047100**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$2,911,736 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$2,911,736 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$727,934 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Tahan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$331,760 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010213000**

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

| | | |
|-----------------------------------------------------------------------------------------|------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$331,760 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$331,760 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$82,940 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Rizzuto:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$63,164 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **012024300**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$63,164 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$63,164 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$15,791 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Baumgardner:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$132,804 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011321200**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$132,804 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$132,804 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$33,201 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Boue:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$192,260 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **003226500**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$192,260 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$192,260 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$48,065 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Garcia:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$259,816 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010062500**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$259,816 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$259,816 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$64,954 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Ms. Simmons:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$452,748 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **011230500**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$452,748 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$452,748 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$113,187 |

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

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

September 30, 2021

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

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

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2021 - 2022.

The enclosed payment and previously disbursed payments represent 25% of your annual appropriation of \$194,952 for state fiscal year 2021 - 2022. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Maureen Castaño, Budget and Planning Supervisor,
Medicaid Program Finance

MC:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2021 – 2022 First Payment

Medicaid Number : **010169900**

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

| | | |
|-----------------------------------------------------------------------------------------|-------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility | (A) | \$194,952 |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0 |
| Total of your facility's annual Graduate Medical Education Payments | (A – B) = (C) | \$194,952 |
| Total of your "Graduate Medical Education" Payments previously paid in this fiscal year | (D) | \$0 |
| Your scheduled Graduate Medical Education Payment [1] [2] | (C x 0.25) = (E) | \$48,738 |

[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.