



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010094300**

Dear Ms. Skula:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$41,687 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010094300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$41,687
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$41,687</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$10,422
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$10,422</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

Doug Harcombe  
AdventHealth Orlando  
400 Celebration Pl  
Celebration, FL 34747

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$3,258,035 for state fiscal year 2020 - 2021. 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,

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Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010129000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,258,035
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$3,258,035
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$814,509
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$814,509</b>

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

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SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$142,758 for state fiscal year 2020 - 2021. 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.

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010102800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$142,758
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$142,758</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$35,691
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$35,688</b>

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October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012037500**

Dear Mr. LeMount:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,154,170 for state fiscal year 2020 - 2021. 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.

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Medicaid Program Finance

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Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012037500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,154,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,154,170</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$538,544
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$538,541</b>

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ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010064100**

Dear Mr. McClung:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$790,763 for state fiscal year 2020 - 2021. 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,

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Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010064100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$790,763
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$790,763</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$197,691
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$197,691</b>

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October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010156700**

Dear Ms. Hayes:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$570,489 for state fiscal year 2020 - 2021. 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,

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Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010156700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$570,489
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$570,489</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$142,622
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$142,623</b>

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ACTING SECRETARY

October 5, 2020

Nelson Lazo  
Bethesda Hospital East  
2815 S Seacrest Blvd  
Boynton Beach, FL 33435

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010140100**

Dear Mr. Lazo:

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 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$649,459 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010140100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$649,459
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$649,459</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$162,365
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$162,365</b>

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ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011021300**

Dear Mr. Currin:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,058,592 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011021300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,058,592
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,058,592
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$264,648
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$264,648</b>

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SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010141900**

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,094,842 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010141900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,094,842
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,094,842
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$273,710
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$273,711</b>

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

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 029554000**

Dear Ms. Frazier:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$126,638 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **029554000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$126,638
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$126,638</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$31,659
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$31,660</b>

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011807900**

Dear Mr. Eng:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,155,342 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011807900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,155,342
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$2,155,342
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$538,835
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$538,836</b>

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012040500**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$112,264 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012040500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$112,264
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$112,264
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$28,066
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$28,066</b>

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010821900**

Dear Mr. Gross:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$39,456 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010821900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$39,456
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$39,456</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$9,864
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$9,864</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010012900**

Dear Ms. Havericak:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,170,025 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010012900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,170,025
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$2,170,025
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$542,506
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$542,507</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010021800**

Dear Ms. Taylor:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$55,423 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010021800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$55,423
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$55,423
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$13,856
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$13,856</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 688571300**

Dear Ms. Alonso:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$212,329 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **688571300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$212,329
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$212,329</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$53,082
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$53,083</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010219900**

Dear Ms. Carroll:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$680,463 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010219900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$680,463
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$680,463
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$170,116
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$170,116</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010220200**

Dear Dr. Barsoum:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,580,972 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010220200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,580,972
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,580,972
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$395,243
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$395,243</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 029572800**

Dear Mr. Hartley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$42,213 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **029572800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$42,213
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$42,213
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$10,553
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$10,554</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012009000**

Dear Ms. Gill:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$510,892 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012009000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$510,892
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$510,892
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$127,723
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$127,723</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011746300**

Dear Mr. Hawley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$11,128 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011746300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$11,128
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$11,128</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,782
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$2,782</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010184200**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$438,601 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010184200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$438,601
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$438,601
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$109,650
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$109,651</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010018800**

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,089,380 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010018800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,089,380
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,089,380
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$272,345
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	\$272,345

[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

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010042100**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$9,665,121 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010042100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$9,665,121
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$9,665,121
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,416,280
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$2,416,281</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010146000**

Dear Ms. Melby:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$852,831 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010146000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$852,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$852,831
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$213,208
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$213,208</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,262,401 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010151600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,262,401
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,262,401
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$315,599
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$315,602</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012013800**

Dear Mr. Haushalter:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,772,141 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012013800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,772,141
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,772,141
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$443,035
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$443,036</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010144300**

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$163,733 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010144300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$163,733
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$163,733
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$40,933
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$40,934</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011974100**

Dear Mr. Rudd:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,571,968 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011974100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,571,968
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	<b>\$1,571,968</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$392,991
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$392,993</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,571,582 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012005700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,571,582
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$2,571,582
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$642,895
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$642,896</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010053600**

Dear Ms. Berges:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,263,307 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010053600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,263,307
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,263,307</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$315,827
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$315,827</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010110900**

Dear Mr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$617,034 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010110900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$617,034
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$617,034</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$154,259
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$154,258</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$688,225 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010116800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$688,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$688,225
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$172,056
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$172,057</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010072200**

Dear Dr. Thielen:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,953,258 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010072200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,953,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,953,258
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$488,314
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$488,315</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010552000**

Dear Mr. Wyers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$578,061 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010552000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$578,061
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$578,061
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$144,515
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$144,516</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010193100**

Dear Mr. Talbert:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$202,997 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010193100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$202,997
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$202,997
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$50,749
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$50,750</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,046,427 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010252100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,046,427
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,046,427
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$261,607
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$261,607</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010020000**

Dear Mr. Ross:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,151,745 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010020000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,151,745
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,151,745
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$287,936
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$287,937</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

Alan List, MD  
Moffitt Cancer Center  
12902 Magnolia Dr.  
Tampa, FL 33612

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012032400**

Dear Dr. List:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,442,134 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012032400**

Facility Name (current) : **Moffitt Cancer Center**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,442,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,442,134
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$360,533
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$360,534</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010158300**

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$408,567 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010158300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$408,567
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$408,567
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$102,142
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$102,142</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,564,595 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010046300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,564,595
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$2,564,595
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$641,149
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$641,149</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010031500**

Dear Mr. Hiltz:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$560,921 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010031500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$560,921
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$560,921
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$140,230
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$140,231</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 004087600**

Dear Dr. Moss:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$733,827 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **004087600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$733,827
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$733,827</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$183,457
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$183,457</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010060900**

Dear Mr. Love:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,564,470 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010060900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,564,470
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$2,564,470
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$641,118
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$641,117</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010862600**

Dear Mr. Lawson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,274,968 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010862600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,274,968
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$2,274,968
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$568,742
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$568,742</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011519300**

Dear Ms. Powell-Stafford:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$493,148 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011519300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$493,148
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$493,148
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$123,287
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$123,287</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010459100**

Dear Ms. Gulrich:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$170,695 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010459100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$170,695
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$170,695</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$42,674
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$42,674</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012007300**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,943,531 for state fiscal year 2020 - 2021. 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 black ink that reads "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012007300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,943,531
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,943,531
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$485,883
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$485,883</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010988600**

Dear Mr. Christianson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,797,687 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010988600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,797,687
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	<b>\$1,797,687</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$449,422
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$449,422</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011174100**

Dear Ms. Valentine:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,761,854 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011174100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,761,854
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,761,854
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$440,464
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$440,463</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010133800**

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$4,390,190 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010133800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,390,190
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$4,390,190
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,097,547
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$1,097,548</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010138900**

Dear Mr. Carbone:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,887,763 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010138900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,887,763
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,887,763</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$471,941
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$471,941</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010460400**

Dear Ms. Mederos:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,322,122 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010460400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,322,122
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,322,122
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$330,530
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$330,531</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$375,430 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012026000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$375,430
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$375,430
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$93,858
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$93,857</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011988100**

Dear Ms. Temple:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,458,010 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011988100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,458,010
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,458,010</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$364,503
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$364,502</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010076500**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$976,365 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010076500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$976,365
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$976,365
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$244,091
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$244,092</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010176100**

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$944,489 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010176100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$944,489
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$944,489
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$236,122
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$236,123</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011997100**

Dear Mr. Finnegan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$420,877 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011997100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$420,877
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$420,877
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$105,219
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$105,220</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010148600**

Dear Ms. McCauley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$419,928 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010148600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$419,928
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$419,928
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$104,982
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$104,982</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012010300**

Dear Ms. Balzano:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$517,307 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012010300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$517,307
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$517,307
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$129,327
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$129,327</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010073100**

Dear Mr. Impicciche:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$453,753 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010073100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$453,753
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$453,753</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$113,438
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$113,439</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,142,454 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010113300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,142,454
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$1,142,454
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$285,614
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$285,613</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010099400**

Dear Mr. Couris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$4,646,623 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010099400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,646,623
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$4,646,623
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,161,656
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$1,161,656</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010067600**

Dear Dr. Haley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$3,954,479 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010067600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,954,479
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,954,479</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$988,620
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$988,620</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$8,546,157 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010003000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$8,546,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$8,546,157
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,136,539
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$2,136,540</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011280100**

Dear Mr. Harris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$336,564 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011280100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$336,564
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$336,564
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$84,141
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$84,141</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010047100**

Dear Mr. Demers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$3,285,583 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010047100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,285,583
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$3,285,583
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$821,396
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$821,396</b>

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

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010213000**

Dear Ms. Tahan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$294,259 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010213000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$294,259
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$294,259
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$73,565
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$73,565</b>

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

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012024300**

Dear Mr. Rizzuto:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$80,009 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **012024300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$80,009
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$80,009</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$20,002
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$20,003</b>

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



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 003226500**

Dear Ms. Boue:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$201,027 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **003226500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$201,027
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$201,027
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$50,257
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$50,257</b>

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010062500**

Dear Mr. Garcia:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$274,596 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010062500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$274,596
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$274,596
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$68,649
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$68,649</b>

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

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011230500**

Dear Ms. Simmons:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$175,188 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **011230500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$175,188
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$175,188
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$43,797
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) - D = (G)	<b>\$43,797</b>

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





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

October 5, 2020

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

**RE: State Fiscal Year 2020 - 2021  
Second Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010169900**

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2020 - 2021.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$133,678 for state fiscal year 2020 - 2021. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2020 – 2021 Second Payment

Medicaid Number : **010169900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$133,678
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$133,678</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$33,419
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) - D = (G)</b>	<b>\$33,420</b>

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

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