



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010094300**

Dear Ms. Skula:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$46,818 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010094300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$46,818
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$46,818
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$30,449
Remaining adjusted Graduate Medical Education Distribution	(E)	\$3,613.05
Adjusted GME Startup Bonus Distribution	(F)	\$12,756.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$16,369.05

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,977,476 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010129000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,977,476
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,977,476
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,381,537
Remaining adjusted Graduate Medical Education Distribution	(E)	\$558,171.51
Adjusted GME Startup Bonus Distribution	(F)	\$37,767.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$595,938.51

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$189,957 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010102800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$189,957
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$189,957
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$126,778
Remaining adjusted Graduate Medical Education Distribution	(E)	\$31,554.16
Adjusted GME Startup Bonus Distribution	(F)	\$31,625.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$63,179.16

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Mr. Chaykin:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,449,257 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **012037500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,449,257
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,449,257
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,661,603
Remaining adjusted Graduate Medical Education Distribution	(E)	\$597,996.74
Adjusted GME Startup Bonus Distribution	(F)	\$189,657.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$787,653.74

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010064100**

Dear Mr. McClung:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$843,007 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010064100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$843,007
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$843,007
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$685,544
Remaining adjusted Graduate Medical Education Distribution	(E)	\$229,623.17
Adjusted GME Startup Bonus Distribution	(F)	-\$72,160.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$157,463.17

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RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010156700**

Dear Ms. Hayes:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$799,370 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010156700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$799,370
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$799,370
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$459,757
Remaining adjusted Graduate Medical Education Distribution	(E)	\$144,621.24
Adjusted GME Startup Bonus Distribution	(F)	\$194,992.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$339,613.24

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$656,808 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010140100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$656,808
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$656,808
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$525,188
Remaining adjusted Graduate Medical Education Distribution	(E)	\$163,644.51
Adjusted GME Startup Bonus Distribution	(F)	-\$32,025.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$131,619.51

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

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Mr. Currin:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$856,001 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011021300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$856,001
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$856,001
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$664,467
Remaining adjusted Graduate Medical Education Distribution	(E)	\$191,533.83
Adjusted GME Startup Bonus Distribution	(F)	\$.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$191,533.83

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

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010141900**

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,030,584 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010141900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,030,584
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,030,584
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$864,435
Remaining adjusted Graduate Medical Education Distribution	(E)	\$246,609.25
Adjusted GME Startup Bonus Distribution	(F)	\$-80,460.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$166,149.25

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Mr. Valez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$159,547 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **029554000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$159,547
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$159,547
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$94,106
Remaining adjusted Graduate Medical Education Distribution	(E)	\$31,369.00
Adjusted GME Startup Bonus Distribution	(F)	\$34,072.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$65,441.00

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011807900**

Dear Mr. D. Bland Eng:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,850,567 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011807900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,850,567
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,850,567
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,593,178
Remaining adjusted Graduate Medical Education Distribution	(E)	\$538,490.61
Adjusted GME Startup Bonus Distribution	(F)	\$-281,102.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$257,388.61

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012040500**

Dear Mr. Jared M. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$175,817 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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 2019 – 2020 Fourth Payment

Medicaid Number : **012040500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$175,817
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$175,817
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$80,907
Remaining adjusted Graduate Medical Education Distribution	(E)	\$38,681.43
Adjusted GME Startup Bonus Distribution	(F)	\$56,229.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$94,910.43

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Ms. Heather 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,862,076 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **010012900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,862,076
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,862,076
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,690,067
Remaining adjusted Graduate Medical Education Distribution	(E)	\$480,990.09
Adjusted GME Startup Bonus Distribution	(F)	\$-308,981.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$172,009.09

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 688571300**

Dear Ms. Alonso:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$522,496 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **688571300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$522,496
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$522,496
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$214,092
Remaining adjusted Graduate Medical Education Distribution	(E)	\$71,364.00
Adjusted GME Startup Bonus Distribution	(F)	\$237,040.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$308,404.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Ms. Ginger A. 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 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$543,834 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **010219900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$543,834
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$543,834
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$407,876
Remaining adjusted Graduate Medical Education Distribution	(E)	\$135,958.00
Adjusted GME Startup Bonus Distribution	(F)	\$.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$135,958.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010220200**

Dear Dr. Wael Kamal Barsoum, MD:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,742,866 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010220200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,742,866
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,742,866
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,313,326
Remaining adjusted Graduate Medical Education Distribution	(E)	\$446,428.72
Adjusted GME Startup Bonus Distribution	(F)	\$-16,889.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$429,539.72

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 029572800**

Dear Mr. Hartley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$86,126 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **029572800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$86,126
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$86,126
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$35,290
Remaining adjusted Graduate Medical Education Distribution	(E)	\$11,763.00
Adjusted GME Startup Bonus Distribution	(F)	\$39,073.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$50,836.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012009000**

Dear Ms. Gill:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$612,287 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **012009000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$612,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$612,287
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$371,043
Remaining adjusted Graduate Medical Education Distribution	(E)	\$131,374.36
Adjusted GME Startup Bonus Distribution	(F)	\$109,870.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$241,244.36

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Mr. Hawley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$7,973 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011746300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$7,973
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$7,973
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$7,820
Remaining adjusted Graduate Medical Education Distribution	(E)	\$2,607.00
Adjusted GME Startup Bonus Distribution	(F)	\$-2,454.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$153.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Dr. List:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,485,142 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **012032400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,485,142
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,485,142
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,188,980
Remaining adjusted Graduate Medical Education Distribution	(E)	\$445,391.32
Adjusted GME Startup Bonus Distribution	(F)	\$850,771.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$1,296,162.32

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010184200**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$614,862 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010184200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$614,862
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$614,862
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$370,105
Remaining adjusted Graduate Medical Education Distribution	(E)	\$105,352.41
Adjusted GME Startup Bonus Distribution	(F)	\$139,405.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$244,757.41

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$907,214 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010018800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$907,214
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$907,214
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$866,849
Remaining adjusted Graduate Medical Education Distribution	(E)	\$298,481.56
Adjusted GME Startup Bonus Distribution	(F)	\$-258,117.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$40,364.56

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010042100**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$13,892,457 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010042100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$13,892,457
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$13,892,457
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$8,208,308
Remaining adjusted Graduate Medical Education Distribution	(E)	\$3,679,809.14
Adjusted GME Startup Bonus Distribution	(F)	\$2,004,340.18
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$5,684,149.32

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,138,821 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010151600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,138,821
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,138,821
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,071,641
Remaining adjusted Graduate Medical Education Distribution	(E)	\$356,207.47
Adjusted GME Startup Bonus Distribution	(F)	\$-289,027.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$67,180.47

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012013800**

Dear Mr. Haushalter:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,131,520 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **012013800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,131,520
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,131,520
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,525,381
Remaining adjusted Graduate Medical Education Distribution	(E)	\$394,803.36
Adjusted GME Startup Bonus Distribution	(F)	\$211,336.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$606,139.36

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011974100**

Dear Mr. Rudd:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,549,082 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011974100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,549,082
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,549,082
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,302,848
Remaining adjusted Graduate Medical Education Distribution	(E)	\$414,537.65
Adjusted GME Startup Bonus Distribution	(F)	\$-168,304.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$246,233.65

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010110900**

Dear Mr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$718,102 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010110900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$718,102
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$718,102
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$476,138
Remaining adjusted Graduate Medical Education Distribution	(E)	\$139,749.92
Adjusted GME Startup Bonus Distribution	(F)	\$102,214.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$241,963.92

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010072200**

Dear Dr. Thielen:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,282,535 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **010072200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,282,535
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,282,535
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,570,224
Remaining adjusted Graduate Medical Education Distribution	(E)	\$621,581.54
Adjusted GME Startup Bonus Distribution	(F)	\$90,729.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$712,310.54

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010193100**

Dear Mr. Talbert:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$232,991 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010193100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$232,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$232,991
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$141,123
Remaining adjusted Graduate Medical Education Distribution	(E)	\$23,925.56
Adjusted GME Startup Bonus Distribution	(F)	\$67,942.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$91,867.56

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$866,131 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010252100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$866,131
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$866,131
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$575,804
Remaining adjusted Graduate Medical Education Distribution	(E)	\$191,934.00
Adjusted GME Startup Bonus Distribution	(F)	\$98,393.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$290,327.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010020000**

Dear Mr. Ross:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$955,157 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010020000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$955,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$955,157
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$708,669
Remaining adjusted Graduate Medical Education Distribution	(E)	\$306,188.56
Adjusted GME Startup Bonus Distribution	(F)	\$-59,701.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$246,487.56

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010158300**

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$522,268 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **010158300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$522,268
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$522,268
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$321,072
Remaining adjusted Graduate Medical Education Distribution	(E)	\$72,880.13
Adjusted GME Startup Bonus Distribution	(F)	\$128,316.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$201,196.13

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,494,699 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010046300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,494,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,494,699
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,967,189
Remaining adjusted Graduate Medical Education Distribution	(E)	\$532,076.00
Adjusted GME Startup Bonus Distribution	(F)	\$-4,566.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$527,510.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 004087600**

Dear Dr. Moss:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$475,192 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **004087600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$475,192
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$475,192
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$388,708
Remaining adjusted Graduate Medical Education Distribution	(E)	\$129,569.00
Adjusted GME Startup Bonus Distribution	(F)	-\$43,085.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$86,484.00

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010060900**

Dear Mr. Love:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,375,751 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010060900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,375,751
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,375,751
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,109,458
Remaining adjusted Graduate Medical Education Distribution	(E)	\$909,792.07
Adjusted GME Startup Bonus Distribution	(F)	\$-643,499.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$266,293.07

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010862600**

Dear Mr. Lawson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,696,205 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010862600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,696,205
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,696,205
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,723,365
Remaining adjusted Graduate Medical Education Distribution	(E)	\$869,819.32
Adjusted GME Startup Bonus Distribution	(F)	\$103,021.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$972,840.32

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012007300**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,722,070 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **012007300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,722,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,722,070
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,367,153
Remaining adjusted Graduate Medical Education Distribution	(E)	\$619,794.40
Adjusted GME Startup Bonus Distribution	(F)	\$-264,877.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$354,917.40

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010988600**

Dear Mr. Christianson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,887,014 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **010988600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,887,014
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,887,014
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,386,643
Remaining adjusted Graduate Medical Education Distribution	(E)	\$399,638.39
Adjusted GME Startup Bonus Distribution	(F)	\$100,733.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$500,371.39

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011174100**

Dear Ms. Valentine:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,374,091 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011174100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,374,091
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,374,091
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,130,528
Remaining adjusted Graduate Medical Education Distribution	(E)	\$376,529.23
Adjusted GME Startup Bonus Distribution	(F)	\$-132,966.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$243,563.23

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010133800**

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$4,480,209 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010133800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,480,209
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,480,209
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,601,336
Remaining adjusted Graduate Medical Education Distribution	(E)	\$828,570.94
Adjusted GME Startup Bonus Distribution	(F)	\$50,302.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$878,872.94

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010138900**

Dear Mr. Carbone:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,829,688 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010138900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,829,688
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,829,688
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,359,955
Remaining adjusted Graduate Medical Education Distribution	(E)	\$434,330.23
Adjusted GME Startup Bonus Distribution	(F)	\$35,403.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$469,733.23

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$274,285 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **012026000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$274,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$274,285
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$246,861
Remaining adjusted Graduate Medical Education Distribution	(E)	\$141,373.23
Adjusted GME Startup Bonus Distribution	(F)	\$-113,949.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$27,424.23

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011988100**

Dear Ms. Temple:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,201,769 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011988100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,201,769
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,201,769
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,108,925
Remaining adjusted Graduate Medical Education Distribution	(E)	\$443,012.03
Adjusted GME Startup Bonus Distribution	(F)	\$-350,168.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$92,844.03

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010076500**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$842,641 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010076500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$842,641
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$842,641
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$795,143
Remaining adjusted Graduate Medical Education Distribution	(E)	\$249,853.40
Adjusted GME Startup Bonus Distribution	(F)	\$-202,355.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$47,498.40

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011997100**

Dear Mr. Finnegan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$745,817 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011997100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$745,817
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$745,817
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$476,312
Remaining adjusted Graduate Medical Education Distribution	(E)	\$87,948.18
Adjusted GME Startup Bonus Distribution	(F)	\$181,557.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$269,505.18

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$364,287 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010148600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$364,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$364,287
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$234,601
Remaining adjusted Graduate Medical Education Distribution	(E)	\$63,393.12
Adjusted GME Startup Bonus Distribution	(F)	\$66,293.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$129,686.12

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

Dear Ms. Balzano:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$735,536 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **012010300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$735,536
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$735,536
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$420,222
Remaining adjusted Graduate Medical Education Distribution	(E)	\$192,537.66
Adjusted GME Startup Bonus Distribution	(F)	\$122,776.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$315,313.66

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010073100**

Dear Mr. Impicciche:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$644,609 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010073100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$644,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$644,609
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$387,977
Remaining adjusted Graduate Medical Education Distribution	(E)	\$122,582.17
Adjusted GME Startup Bonus Distribution	(F)	\$134,050.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$256,632.17

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,314,841 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010113300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,314,841
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,314,841
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$903,051
Remaining adjusted Graduate Medical Education Distribution	(E)	\$281,728.80
Adjusted GME Startup Bonus Distribution	(F)	\$130,061.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$411,789.80

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010099400**

Dear Mr. Couris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$5,344,124 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010099400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$5,344,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$5,344,124
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,840,001
Remaining adjusted Graduate Medical Education Distribution	(E)	\$1,263,230.18
Adjusted GME Startup Bonus Distribution	(F)	\$240,893.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$1,504,123.18

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010067600**

Dear Dr. Haley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$4,916,884 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010067600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,916,884
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,916,884
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,278,085
Remaining adjusted Graduate Medical Education Distribution	(E)	\$1,149,705.95
Adjusted GME Startup Bonus Distribution	(F)	\$489,093.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$1,638,798.95

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$8,721,582 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **010003000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$8,721,582
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$8,721,582
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$7,230,290
Remaining adjusted Graduate Medical Education Distribution	(E)	\$2,407,753.01
Adjusted GME Startup Bonus Distribution	(F)	\$-916,461.18
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$1,491,291.83

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

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 011280100**

Dear Mr. Harris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$696,559 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **011280100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$696,559
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$696,559
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$298,828
Remaining adjusted Graduate Medical Education Distribution	(E)	\$91,010.63
Adjusted GME Startup Bonus Distribution	(F)	\$306,720.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$397,730.63

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

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

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$157,856 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. 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, appearing to read "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 2019 – 2020 Fourth Payment

Medicaid Number : **012024300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$157,856
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$157,856
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$79,937
Remaining adjusted Graduate Medical Education Distribution	(E)	\$26,645.00
Adjusted GME Startup Bonus Distribution	(F)	\$51,274.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$77,919.00

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 003226500**

Dear Ms. Boue:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$397,082 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **003226500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$397,082
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$397,082
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$170,879
Remaining adjusted Graduate Medical Education Distribution	(E)	\$53,371.95
Adjusted GME Startup Bonus Distribution	(F)	\$172,831.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$226,202.95

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

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

**RE: State Fiscal Year 2019 - 2020
Fourth Statewide Medicaid Residency Payment (GME)
Medicaid Number: 010062500**

Dear Mr. Garcia:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$367,812 for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number : **010062500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$367,812
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$367,812
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$204,448
Remaining adjusted Graduate Medical Education Distribution	(E)	\$73,432.43
Adjusted GME Startup Bonus Distribution	(F)	\$89,932.00
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	\$163,364.43

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 29, 2020

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

Dear :

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2019 - 2020.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of for state fiscal year 2019 - 2020. This annual amount includes an adjustment of your Startup Bonus distribution from the 2017 - 2018 GME Reconciliation. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2019 – 2020 Fourth Payment

Medicaid Number :

Facility Name (current) :

Annual Graduate Medical Education Payment to your facility	(A)	
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	
Remaining adjusted Graduate Medical Education Distribution	(E)	\$.00
Adjusted GME Startup Bonus Distribution	(F)	
Your scheduled Graduate Medical Education Payment [1] [2]	(E + F) = (G)	

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