



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Sharon Vereen Jones
Reimbursement Manager
Ann Bates Leach Eye Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0116483-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 86% of your projected annual amount of \$269,297 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0116483-00**

Facility Name (current) : **Ann Bates Leach Eye Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$269,297
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$269,297
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$196,576
Your third Graduate Medical Education Payment [1] [2]	((C x .86) - D) = (E)	\$36,360

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Aventura Hospital and Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120375-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$1,532,062 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120375-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,532,062
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,532,062
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$716,027
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$408,017

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Michael Mayo, FACHE
President
Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, Florida 32207

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100641-00**

Dear Mr. Mayo:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,215,585 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100641-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,215,585
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,215,585
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$580,986
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$317,299

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Kathryn Gillette
President & CEO
Bayfront Health - St. Petersburg
701 6th Street South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$774,851 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101567-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$774,851
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$774,851
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$374,819
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$200,016

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Roger L. Kirk
President / CEO
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101401-00**

Dear Mr. Kirk:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 72% of your projected annual amount of \$654,228 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101401-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$654,228
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$654,228
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$293,323
Your third Graduate Medical Education Payment [1] [2]	((C x .72) - D) = (E)	\$180,452

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Blake Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0110213-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$778,476 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0110213-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$778,476
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$778,476
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$389,238
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$194,619

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Jerry Fedele
CEO
Boca Raton Regional Hospital
800 Meadows Road
Boca Raton, Florida 33486

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101419-00**

Dear Mr. Fedele:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,127,484 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101419-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,127,484
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,127,484
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$541,993
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$292,745

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Brandon Regional Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0118079-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,397,350 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0118079-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,397,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,397,350
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$678,380
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$359,485

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Beverly Capasso
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120405-00**

Dear Ms. Capasso:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 71% of your projected annual amount of \$110,973 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120405-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$110,973
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$110,973
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$45,669
Your third Graduate Medical Education Payment [1] [2]	((C x .71) - D) = (E)	\$32,652

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Beverly Capasso
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100129-00**

Dear Ms. Capasso:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$2,505,744 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100129-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,505,744
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,505,744
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,250,788
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$627,478

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mario Jordon, LCSW
President / CEO
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 6885713-00**

Dear Mr. Jordon:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$400,000 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **6885713-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$400,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$400,000
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$200,000
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$100,000

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Joanna A. Dutton, MBA
Facility Administrator
Cleveland Clinic Hospital
2950 Cleveland Clinic Blvd
Weston, Florida 33331

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0102202-00**

Dear Ms. Dutton:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 77% of your projected annual amount of \$1,541,854 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0102202-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,541,854
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,541,854
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$822,352
Your third Graduate Medical Education Payment [1] [2]	((C x .77) - D) = (E)	\$359,751

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Mark Bryan
CFO
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120090-00**

Dear Mr. Bryan:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$434,774 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120090-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$434,774
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$434,774
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$226,737
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$104,018

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mary L. Ulrey, MS
ARNP
Drug Abuse Comprehensive Coordinating Office
4422 E. Columbus Drive
Tampa, Florida 33605

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0606502-00**

Dear Ms. Ulrey:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$200,000 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0606502-00**

Facility Name (current) : **Drug Abuse Comprehensive Coordinating Office**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$200,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$200,000
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$100,000
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$50,000

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Daryl Tol
CEO
Florida Hospital
550 East Rollins Street
Orlando, Florida 32803

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101290-00**

Dear Mr. Tol:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$3,254,350 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101290-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,254,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,254,350
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,721,161
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$766,594

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Shane Cox
CFO
Florida Hospital Carrollwood
7171 N. Dale Mabry Hwy.
Tampa, Florida 33614

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100943-00**

Dear Mr. Cox:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$44,457 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100943-00**

Facility Name (current) : **Florida Hopsital Carrollwood**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$44,457
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$44,457
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$22,623
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$10,917

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Dima Didenko
CFO
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, Florida 33613

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101028-00**

Dear Mr. Didenko:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$194,534 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101028-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$194,534
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$194,534
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$97,186
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$48,674

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Alan F. List, M.D.
President /CEO
H. Lee Moffit Cancer Center
12902 Magnolia Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120324-00**

Dear Dr. List:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$1,415,104 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120324-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,415,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,415,104
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$843,280
Your third Graduate Medical Education Payment [1] [2]	((C x .80) - D) = (E)	\$285,912

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Jeff Feasel
CEO
Halifax Health Medical Center
303 N. Clyde-Morris Blvd.
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$531,191 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101842-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$531,191
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$531,191
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$277,025
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$127,083

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Todd Radosevich
Executive Director of Revenue Management
Holy Cross Hospital
4875 North Federal Highway
5th Floor
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100188-00**

Dear Mr. Radosevich:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$899,336 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100188-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$899,336
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$899,336
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$440,297
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$229,519

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Carlos Migoya
President / CEO
Jackson Memorial Hospital
1611 N.W. 12th Avenue
West Wing, Suite 117
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$12,221,117 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100421-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$12,221,117
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$12,221,117
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$6,233,878
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$2,993,619

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
JFK Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101460-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$1,183,593 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101460-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,183,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,183,593
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$542,636
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$320,478

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Jonathan M. Ellen, MD
President/Vice Dean
John Hopkins All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 78% of your projected annual amount of \$1,408,076 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101516-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,408,076
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,408,076
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$790,630
Your third Graduate Medical Education Payment [1] [2]	((C x .78) - D) = (E)	\$308,723

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Kendall Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120138-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,943,032 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120138-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,943,032
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,943,032
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$914,539
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$514,246

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Darcy J. Davis
CEO
Lakeside Medical Center
2601 10th Ave North, Ste 100
Palm Springs, Florida 33462

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101443-00**

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$317,366 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101443-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$317,366
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$317,366
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$146,384
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$85,491

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Largo Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$1,967,714 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0119741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,967,714
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,967,714
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$971,559
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$498,077

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Sandy Sosa-Guerrero
CEO
Larkin Community Hospital
7031 SW 62nd Avenue
P.O. Box 43-1810
Miami, Florida 33243

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$3,781,505 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120057-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,781,505
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,781,505
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,923,065
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$929,220

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Carlos Milanes
Hospital Administrator
Palm Springs General Hospital
1475 West 49th Street
Hialeah, Florida 33012

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100536-00**

Dear Mr. Milanes:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$557,521 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100536-00**

Facility Name (current) : **Palm Springs General Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$557,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$557,521
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$278,761
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$139,380

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Benjamin A. Spence
CFO
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$621,497 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101109-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$621,497
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$621,497
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$327,282
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$147,107

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mark A Tierney, CPA
System Chief Financial Officer
Manatee Memorial Hospital
206 Second Street East
Bradenton, Florida 34208

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101168-00**

Dear Mr. Tierney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$869,531 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101168-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$869,531
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$869,531
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$409,743
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$229,894

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Robert Howey, CPA
Manager
Mayo Clinic
4500 San Pablo Rd
Jacksonville, Florida 32224

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100722-00**

Dear Mr. Howey:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$2,222,008 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100722-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,222,008
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,222,008
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,061,280
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$580,364

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Memorial Hospital Jacksonville
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101931-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 69% of your projected annual amount of \$135,728 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101931-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$135,728
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$135,728
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$51,168
Your third Graduate Medical Education Payment [1] [2]	((C x .69) - D) = (E)	\$42,280

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 84% of your projected annual amount of \$166,373 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100200-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$166,373
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$166,373
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$112,517
Your third Graduate Medical Education Payment [1] [2]	((C x .84) - D) = (E)	\$26,928

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Kris Hoce
Hospital Administrator
Morton F. Plant Hospital
2995 Drew St.
Clearwater, Florida 33759

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101583-00**

Dear Mr. Hoce:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$503,311 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101583-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$503,311
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$503,311
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$251,481
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$125,915

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Steven Sonenreich
CEO
Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach, Florida 33140

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$2,718,482 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100463-00**

Facility Name (current) : **Mt. Sinai Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,718,482
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,718,482
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,317,828
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$700,327

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Vicki Hale
CFO
Naples Community Hospital
350 7th Street North
Naples, Florida 34102-5457

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100315-00**

Dear Ms. Hale:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$271,252 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100315-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$271,252
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$271,252
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$135,626
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$67,813

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$2,828,725 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100609-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,828,725
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,828,725
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,299,601
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$764,562

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
North Florida Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0108626-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$1,243,448 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0108626-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,243,448
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,243,448
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$634,098
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$304,675

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Northside Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0115193-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$610,708 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0115193-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$610,708
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$610,708
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$294,566
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$158,071

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Oak Hill Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120073-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$910,765 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120073-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$910,765
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$910,765
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$436,594
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$237,085

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Ocala Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0109886-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$1,243,322 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0109886-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,243,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,243,322
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$615,055
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$314,133

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Orange Park Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0111741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,252,602 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0111741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,252,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,252,602
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$610,677
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$320,962

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. John Gaspelin
Director of Finance
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$5,314,467 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101338-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$5,314,467
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$5,314,467
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,615,523
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$1,349,472

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Osceola Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101389-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 77% of your projected annual amount of \$1,264,091 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101389-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,264,091
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,264,091
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$676,017
Your third Graduate Medical Education Payment [1] [2]	((C x .77) - D) = (E)	\$294,037

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Hopeton English
Controller
Palmetto General Hospital
2001 West 68th St.
Hialeah, Florida 33016

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0104604-00**

Dear Mr. English:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 77% of your projected annual amount of \$1,534,652 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0104604-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,534,652
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,534,652
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$815,340
Your third Graduate Medical Education Payment [1] [2]	((C x .77) - D) = (E)	\$359,656

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Palms West Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$397,079 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120260-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$397,079
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$397,079
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$204,333
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$96,373

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
Regional Medical Center at Bayonet Point
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119881-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$891,862 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0119881-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$891,862
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$891,862
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$435,960
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$227,951

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Henry Stovall
President
Sacred Heart Hospital
5151 N 9th Avenue
Pensacola, Florida 32504

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,274,563 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100765-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,274,563
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,274,563
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$601,995
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$336,284

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. David Verinder
CEO
Sarasota Memorial Hospital
1700 S. Tamiami Trail
Sarasota, Florida 34239

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101761-00**

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$334,548 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101761-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$334,548
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$334,548
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$167,274
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$83,637

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Tom Schlemmer
CFO
St. Mary's Medical Center
901 45th St.
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$139,672 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101486-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$139,672
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$139,672
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$69,836
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$34,918

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
St. Lucie Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119971-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$752,125 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0119971-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$752,125
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$752,125
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$384,747
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$183,689

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
St. Petersburg General Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120103-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 71% of your projected annual amount of \$640,087 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0120103-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$640,087
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$640,087
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$268,955
Your third Graduate Medical Education Payment [1] [2]	((C x .71) - D) = (E)	\$185,566

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Donnie L. Romine
COO
Saint Vincent's Medical Center Riverside
1 Shircliff Way
Jacksonville, Florida 32204

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100731-00**

Dear Mr. Romine:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$598,048 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100731-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$598,048
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$598,048
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$289,540
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$154,254

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. G. Mark O'Bryant
President / CEO
Tallahassee Memorial Hospital
1300 Miccosukee
Tallahassee, Florida 32308

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$1,390,751 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0101133-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,390,751
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,390,751
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$635,423
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$377,664

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Steve L. Short
Senior Vice President / CFO
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100994-00**

Dear Mr. Short:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$5,588,405 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100994-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$5,588,405
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$5,588,405
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,693,305
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$1,447,550

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Russell Armistead
CEO
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$4,979,328 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100676-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,979,328
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$4,979,328
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,351,236
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$1,314,046

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Timothy M. Goldfarb
CEO
UF Health Shands Hospital
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$10,344,055 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100030-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$10,344,055
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$10,344,055
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$4,991,018
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$2,676,518

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Robin Gaffney
Director of Reimbursement
University Hospital and Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0112801-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 79% of your projected annual amount of \$351,890 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0112801-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$351,890
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$351,890
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$205,595
Your third Graduate Medical Education Payment [1] [2]	((C x .79) - D) = (E)	\$73,147

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Sharon Vereen Jones
Reimbursement Manager
University of Miami Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100366-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 83% of your projected annual amount of \$1,793,919 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100366-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,793,919
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,793,919
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,174,408
Your third Graduate Medical Education Payment [1] [2]	((C x .83) - D) = (E)	\$309,755

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Ms. Sharon Vereen Jones
Reimbursement Manager
University of Miami Hospital & Clinics
1475 N.W. 12th Avenue
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100471-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$718,980 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100471-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$718,980
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$718,980
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$430,301
Your third Graduate Medical Education Payment [1] [2]	((C x .80) - D) = (E)	\$144,339

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Joseph Paul
CFO
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Willington, Florida 33414

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0102130-00**

Dear Mr. Paul:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$380,870 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0102130-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$380,870
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$380,870
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$178,072
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$101,399

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Mr. Jason Bell
Director of Graduate Medical Education
West Kendall Baptist Hospital
9555 SW 162 Ave
Miami, Florida 33196

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0032265-00**

Dear Mr. Bell:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$226,502 for this fiscal year. 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0032265-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$226,502
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$226,502
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$119,901
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$53,300

[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.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 21, 2018

Gilda Baldwin, DHSc, MMS
CEO
Westchester General Hospital
2500 SW 75th Street
Miami, Florida 33155

**RE: State Fiscal Year 2017 - 2018
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100625-00**

Dear Ms. Baldwin:

Per Florida Statute (F.S.) 409.909(3), "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 GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2017 - 2018.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$251,109 for this fiscal year. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2017 - 2018 Third Payment

Medicaid Number : **0100625-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$251,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$251,109
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$149,689
Your third Graduate Medical Education Payment [1] [2]	((C x .80) - D) = (E)	\$50,710

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

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