



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Lee Chaykin  
Aventura Hospital and Medical Center  
20900 Biscayne Boulevard  
Aventura, Florida 33180-1407

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012037500**

Dear: Mr. Chaykin

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,596,438 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012037500**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,596,438        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,596,438</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$798,218          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$399,109</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

A. Hugh Greene  
Baptist Medical Center Downtown  
800 Prudential Drive  
Jacksonville, Florida 32207-8202

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010064100**

Dear: Mr. Greene

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,111,263 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010064100**

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

|   |                        |                  |
|---|------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$1,111,263      |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$1,111,263      |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$555,634        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$277,817</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Kathryn Gillette  
Bayfront Health - Saint Petersburg  
701 6th Street South  
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010156700**

Dear: Ms. Gillette

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$711,160 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health - Saint Petersburg**

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$711,160        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$711,160</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$355,580        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$177,790</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Roger Kirk  
Bethesda Hospital East  
2815 South Seacrest Boulevard  
Boynton Beach, Florida 33435-7934

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010140100**

Dear: Mr. Kirk

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$595,550 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink that reads "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010140100**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$595,550        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$595,550</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$297,776        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$148,888</b> |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Daniel Friedrich  
Blake Medical Center  
2020 59th Street West  
Bradenton, Florida 34209

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011021300**

Dear: Mr. Friedrich

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$939,414 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011021300**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$939,414        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$939,414</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$469,708        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$234,854</b> |

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

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RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

March 20, 2019

Jerry Fedele  
Boca Raton Regional Hospital  
800 Meadows Road  
Boca Raton, Florida 33486-2368

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010141900**

Dear: Mr. Fedele

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$966,686 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010141900**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$966,686        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$966,686</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$483,342        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$241,671</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Diego I. Shmuels  
Borinquen Medical Health Centers of Miami Dade  
3601 Federal Highway  
Miami, FL 33137-3795

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 029554000**

Dear: Dr. Shmuels

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$63,540 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **029554000**

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

|   |                        |                 |
|---|------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$63,540        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0             |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$63,540        |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$31,770        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$15,885</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Bland Eng  
Brandon Regional Hospital  
119 Oakfield Drive  
Brandon, Florida 33511-5779

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011807900**

Dear: Mr. Eng

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,784,813 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011807900**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,784,813        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,784,813</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$892,406          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$446,203</b>   |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Jared M Smith  
Broward Health Coral Springs  
3000 Coral Hill Drive Coral Springs Florida  
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012040500**

Dear: Mr. Smith

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$72,318 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012040500**

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

|   |                               |                 |
|---|-------------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$72,318        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0             |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$72,318</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$36,158        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$18,079</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Sandra J Todd-Atkinson  
Broward Health Medical Center  
1600 South Andrews Avenue  
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010012900**

Dear: Ms. Todd-Atkinson

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,344,921 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010012900**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$2,344,921        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$2,344,921</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$1,172,460        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$586,230</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Maria A Alonso, MBA, CHCQM  
Citrus Health Network  
4175 West 20th Avenue  
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 688571300**

Dear: Ms. Alonso

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$254,160 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **688571300**

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

|   |                        |                 |
|---|------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$254,160       |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0             |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$254,160       |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$127,080       |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$63,540</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Ralph A. Aleman  
Citrus Memorial Hospital  
502 West Highland Boulevard  
Inverness, Florida 34452-4754

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010219900**

Dear: Mr. Aleman

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$256,548 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010219900**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$256,548        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$256,548</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$128,274        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$64,137</b>  |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Wael Barsoum, M.D.  
Cleveland Clinic Hospital  
3100 Weston Road  
Weston, Florida 33331-3602

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010220200**

Dear: Dr. Barsoum

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,633,775 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010220200**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,633,775        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,633,775</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$816,888          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$408,444</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Mark Bryan  
Delray Medical Center  
5352 Linton Boulevard  
Delray Beach, Florida 33484-6514

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012009000**

Dear: Mr. Bryan

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$589,646 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012009000**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$589,646        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$589,646</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$294,824        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$147,412</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Daryl Tol  
Florida Hospital  
Regulatory Affairs  
Maitland, Florida 32751

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010129000**

Dear: Mr. Tol

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$3,210,526 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010129000**

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

|   |                        |                  |
|---|------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$3,210,526      |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$3,210,526      |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$1,605,264      |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$802,632</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Joe Johnson  
Florida Hospital Carrollwood  
7171 North Dale Mabry Highway  
Tampa, Florida 33614-2670

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010094300**

Dear: Mr. Johnson

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$42,677 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010094300**

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

|   |                               |                 |
|---|-------------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$42,677        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0             |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$42,677</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$21,338        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$10,669</b> |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Brian Adams  
Florida Hospital Tampa  
3100 East Fletcher Avenue  
Tampa, Florida 33613-4613

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010102800**

Dear: Mr. Adams

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$185,225 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010102800**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$185,225        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$185,225</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$92,612         |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$46,306</b>  |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Denyse Bales-Chubb  
Florida Hospital Wesley Chapel  
2600 Bruce B. Downs Boulevard  
Wesley Chapel, FL 33544

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 005456800**

Dear: Ms. Bales-Chubb

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$27,256 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **005456800**

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

|   |                        |                |
|---|------------------------|----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$27,256       |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0            |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$27,256       |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$13,628       |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$6,814</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

John A. Kolosky  
H. Lee Moffitt Cancer Center & Research Institute Hospital  
12902 Magnolia Drive, Mail Stop: MBC-ACCT  
Tampa, Florida 33612-9416

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012032400**

Dear: Mr. Kolosky

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,690,264 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012032400**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,690,264        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,690,264</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$845,132          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$422,566</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Jeff Feasel  
Halifax Health Medical Center  
303 North Clyde Morris Boulevard  
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010184200**

Dear: Mr. Feasel

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$488,005 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010184200**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$488,005        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$488,005</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$244,002        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$122,001</b> |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Patrick A. Taylor MD  
Holy Cross Hospital Inc.  
4725 North Federal Highway  
Fort Lauderdale, Florida 33308-4603

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010018800**

Dear: Dr. Taylor

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,115,552 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010018800**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,115,552        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,115,552</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$557,776          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$278,888</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Carlos Migoya  
Jackson Memorial Hospital  
1611 Northwest 12th Avenue  
Miami, Florida 33136-1096

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010042100**

Dear: Mr. Migoya

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$11,575,657 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010042100**

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

|   |                               |                     |
|---|-------------------------------|---------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$11,575,657        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                 |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$11,575,657</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$5,787,828         |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$2,893,914</b>  |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Gina Melby  
JFK Medical Center  
5301 South Congress Avenue  
Atlantis, Florida 33462-1149

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010146000**

Dear: Ms. Melby

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$976,981 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010146000**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$976,981        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$976,981</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$488,490        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$244,245</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Jonathan Ellen, MD, President & Physician in Chief  
John Hopkins All Children's Hospital  
601 5th Street South, Suite 509  
Saint Petersburg, Florida 33701-4816

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010151600**

Dear: Mr. Ellen

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,403,421 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010151600**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,403,421        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,403,421</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$701,710          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$350,855</b>   |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Brandon Haushalter  
Kendall Regional Medical Center  
11750 Southwest 40th Street  
Miami, Florida 33175 - 3530

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012013800**

Dear: Mr. Haushalter

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,982,377 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012013800**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,982,377        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,982,377</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$991,188          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$495,594</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Darcy Davis  
Lakeside Medical Center  
39200 Hooker Highway  
Belle Glade, Florida 33430

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010144300**

Dear: Ms. Davis

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$218,692 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010144300**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$218,692        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$218,692</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$109,346        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$54,673</b>  |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Anthony Degina  
Largo Medical Center  
201 14th Street Southwest  
Largo, Florida 33770-3133

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011974100**

Dear: Mr. Degina

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,766,690 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011974100**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,766,690        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,766,690</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$883,346          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$441,673</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Sandy Sosa-Guerrero  
Larkin Community Hospital  
5996 Southwest 70th Street, 5th Floor  
South Miami, Florida 33143-4701

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012005700**

Dear: Ms. Sosa-Guerrero

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$3,389,638 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012005700**

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

|   |                        |                  |
|---|------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$3,389,638      |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$3,389,638      |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$1,694,818      |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$847,409</b> |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Iris Berges  
Larkin Community Hospital Palm Springs Campus  
1475 West 49th Street  
Hialeah, Florida 33012-3222

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010053600**

Dear: Ms. Berges

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$881,530 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010053600**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$881,530        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$881,530</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$440,766        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$220,383</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

James R. Nathan  
Lee Memorial Hospital  
2776 Cleveland Avenue  
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010110900**

Dear: Mr. Nathan

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$592,910 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010110900**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$592,910        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$592,910</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$296,454        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$148,227</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Kevin DiLallo  
Manatee Memorial Hospital  
206 2nd Street East  
Bradenton, Florida 34208-1000

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010116800**

Dear: Mr. DiLallo

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$759,584 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010116800**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$759,584        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$759,584</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$379,792        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$189,896</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Gianrico Farrugia  
Mayo Clinic  
4500 San Pablo Road South  
Jacksonville, Florida 32224

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010072200**

Dear: Mr. Farrugia

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,990,466 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010072200**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,990,466        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,990,466</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$995,234          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$497,617</b>   |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Bradley Talbert  
Memorial Hospital Jacksonville  
3625 University Boulevard South  
Jacksonville, Florida 32216-4207

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010193100**

Dear: Mr. Talbert

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$112,755 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010193100**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$112,755        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$112,755</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$56,378         |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$28,189</b>  |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Leah Carpenter  
Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010252100**

Dear: Ms. Carpenter

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$411,877 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010252100**

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

|   |                        |                  |
|---|------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$411,877        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$411,877        |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$205,938        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$102,969</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Zeff Ross  
Memorial Regional Hospital  
3501 Johnson Street  
Hollywood, Florida 33021-5487

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010020000**

Dear: Mr. Ross

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$348,429 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010020000**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$348,429        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$348,429</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$174,214        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$87,107</b>  |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Kris Hoce  
Morton Plant Hospital  
300 Pinellas Street, MS# 21  
Clearwater, Florida 33756

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010158300**

Dear: Mr. Hoce

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$443,389 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010158300**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$443,389        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$443,389</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$221,694        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$110,847</b> |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Steven D. Sonenreich  
Mount Sinai Medical Center  
4300 Alton Road  
Miami Beach, Florida 33140-2800

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010046300**

Dear: Mr. Sonenreich

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,554,485 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010046300**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$2,554,485        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$2,554,485</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$1,277,242        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$638,621</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Allen S. Weiss, M.D.  
Naples Community Hospital  
350 7th Street North  
Naples, Florida 34102-5730

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010031500**

Dear: Mr. Weiss

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$443,630 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010031500**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$443,630        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$443,630</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$221,816        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$110,908</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

M. Narendra Kini, M.D.  
Nicklaus Children's Hospital  
3100 Southwest 62nd Avenue  
Miami, Florida 33155-3073

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010060900**

Dear: Dr. Narendra Kini

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$2,581,521 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010060900**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$2,581,521        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$2,581,521</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$1,290,760        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$645,380</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Brian Cook  
North Florida Regional Medical Center  
P.O. Box 147006  
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010862600**

Dear: Mr. Cook

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,876,666 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010862600**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,876,666        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,876,666</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$938,332          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$469,166</b>   |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Dia Nichols  
Northside Hospital  
6000 49th Street North  
Saint Petersburg, Florida 33709-2145

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011519300**

Dear: Mr. Nichols

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$523,765 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011519300**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$523,765        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$523,765</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$261,882        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$130,941</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Mickey Smith  
Oak Hill Hospital  
11375 Cortez Boulevard  
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012007300**

Dear: Mr. Smith

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,508,519 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012007300**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,508,519        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,508,519</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$754,260          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$377,130</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Chad Christianson  
Ocala Regional Medical Center  
1431 Southwest 1st Avenue  
Ocala, Florida 34474-4000

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010988600**

Dear: Mr. Christianson

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,549,344 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010988600**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,549,344        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,549,344</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$774,672          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$387,336</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Chad Patrick  
Orange Park Medical Center  
2001 Kingsley Avenue  
Orange Park, Florida 32073-5418

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011174100**

Dear: Mr. Patrick

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,226,949 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011174100**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,226,949        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,226,949</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$613,474          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$306,737</b>   |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

David Strong, President & CEO  
Orlando Regional Medical Center  
1414 Kuhl Avenue  
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010133800**

Dear: Mr. Strong

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$4,825,526 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010133800**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$4,825,526        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$4,825,526</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$2,412,762        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$1,206,381</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Robert Krieger  
Osceola Regional Medical Center  
700 West Oak St  
Kissimmee, Florida 34741-4996

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010138900**

Dear: Mr. Krieger

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,710,559 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010138900**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,710,559        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,710,559</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$855,280          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$427,640</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Ana Mederos  
Palmetto General Hospital  
2001 West 68th Street  
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010460400**

Dear: Ms. Mederos

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,561,848 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010460400**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,561,848        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,561,848</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$780,924          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$390,462</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Eric Goldman  
Palms West Hospital  
13001 Southern Boulevard  
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012026000**

Dear: Mr. Goldman

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$355,950 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012026000**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$355,950        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$355,950</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$177,974        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$88,987</b>  |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

C. Shayne George  
Regional Medical Center Bayonet Point  
14000 Fivay Road  
Hudson, Florida 34667-7103

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011988100**

Dear: Mr. George

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,397,567 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011988100**

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

|   |                        |                  |
|---|------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$1,397,567      |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$1,397,567      |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$698,784        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$349,392</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Ms. Susan Davis  
Sacred Heart Hospital  
5151 North 9th Avenue  
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010076500**

Dear: Ms. Davis

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,111,237 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink that reads "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010076500**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,111,237        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,111,237</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$555,618          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$277,809</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

David Verinder  
Sarasota Memorial Hospital  
1700 South Tamiami Trail  
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010176100**

Dear: Mr. Verinder

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$532,322 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010176100**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$532,322        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$532,322</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$266,162        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$133,081</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Joey Bulfin  
Saint Mary's Medical Center  
901 45th Street  
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010148600**

Dear: Mr. Bulfin

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on a equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$222,875 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink that reads "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010148600**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$222,875        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$222,875</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$111,438        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$55,719</b>  |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Janice Balzano  
Saint Petersburg General Hospital  
6500 38th Avenue North  
Saint Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012010300**

Dear: Ms. Balzano

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$563,393 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012010300**

Facility Name (current) : **Saint Petersburg General Hospital**

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$563,393        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$563,393</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$281,696        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$140,848</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Jay Finnegan  
St. Lucie Medical Center  
1800 Southeast Tiffany Avenue  
Port Saint Lucie, Florida 34952-7521

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011997100**

Dear: Mr. Finnegan

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$718,752 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011997100**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$718,752        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$718,752</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$359,376        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$179,688</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Tom Vanosdol  
Saint Vincent's Medical Center Riverside  
1800 Barrs Street  
Jacksonville, Florida 32204

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010073100**

Dear: Mr. Vanosdol

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$528,846 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010073100**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$528,846        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$528,846</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$264,424        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$132,212</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Mark O'Bryant  
Tallahassee Memorial Hospital  
1300 Miccosukee Road  
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010113300**

Dear: Mr. O'Bryant

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,233,674 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010113300**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$1,233,674        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$1,233,674</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$616,836          |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$308,418</b>   |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

John Couris  
Tampa General Hospital  
P.O. Box 1289  
Tampa, Florida 33601-1289

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010099400**

Dear: Mr. Couris

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$5,157,074 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010099400**

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

|   |                        |                    |
|---|------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$5,157,074        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$5,157,074        |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$2,578,536        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$1,289,268</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Leon Haley  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010067600**

Dear: Mr. Haley

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$4,520,613 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010067600**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$4,520,613        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$4,520,613</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$2,260,306        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$1,130,153</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Ed Jimenez  
UF Health Shands Hospital  
1600 Southwest Archer Road  
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010003000**

Dear: Mr. Jimenez

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$9,321,894 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010003000**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$9,321,894        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$9,321,894</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$4,660,948        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$2,330,474</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Joseph D. Melchiode, FACHE  
University Hospital and Medical Center  
7201 North University Drive  
Tamarac, Florida 33321-2913

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 011280100**

Dear: Mr. Melchiode

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$406,678 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **011280100**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$406,678        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$406,678</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$203,340        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$101,670</b> |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Richard Ballard  
University of Miami Hospital and Clinics  
1475 Northwest 12th Avenue  
Miami, Florida 33136-1086

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010047100**

Dear: Mr. Ballard

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$3,490,088 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010047100**

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$3,490,088        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0                |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$3,490,088</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$1,745,044        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$872,522</b>   |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Robbin Lee  
Wellington Regional Medical Center  
10101 Forest Hill Boulevard  
Wellington, Florida 33414

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010213000**

Dear: Ms. Lee

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$331,480 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010213000**

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

|   |                        |                 |
|---|------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                    | \$331,480       |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                    | \$0             |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | (A – B) = (C)          | \$331,480       |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                    | \$165,740       |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | ((C x 0.75) – D) = (E) | <b>\$82,870</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Mitch Feldman  
West Boca Medical Center  
21644 State Road 7  
Boca Raton, Florida 33428-1842

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 012024300**

Dear: Mr. Feldman

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$41,183 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **012024300**

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

|   |                               |                 |
|---|-------------------------------|-----------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$41,183        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0             |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$41,183</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$20,592        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$10,296</b> |

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Javier Hernandez-Lichtz  
West Kendall Baptist Hospital  
9555 Southwest 162 Avenue  
Miami, Florida 33196

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 003226500**

Dear: Mr. Hernandez-Lichtz

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$216,358 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **003226500**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$216,358        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$216,358</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$108,180        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$54,090</b>  |

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2019

Rudy Garcia  
Westchester General Hospital  
2500 Southwest 75th Avenue  
Miami, Florida 33155-2805

**RE: State Fiscal Year 2018 - 2019  
Third Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 010062500**

Dear: Mr. Garcia

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2018 - 2019.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$253,071 for state fiscal year 2018 - 2019. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2018 – 2019 Third Payment

Medicaid Number : **010062500**

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

|   |                               |                  |
|---|-------------------------------|------------------|
| Annual Graduate Medical Education Payment to your facility                            | (A)                           | \$253,071        |
| Amount being withheld from distribution in anticipation of funding reductions         | (B)                           | \$0              |
| <b>Total of your facility's annual Graduate Medical Education Payments</b>            | <b>(A – B) = (C)</b>          | <b>\$253,071</b> |
| Total of your Graduate Medical Education Payments previously paid in this fiscal year | (D)                           | \$126,536        |
| <b>Your Third Graduate Medical Education Payment [1] [2]</b>                          | <b>((C x 0.75) – D) = (E)</b> | <b>\$63,268</b>  |

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

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