



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$1,197,717 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101516-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,197,717
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,197,717
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$611,219
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$293,249

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0116483-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 93% of your projected annual amount of \$221,890 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0116483-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$221,890
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$221,890
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$191,114
Your third Graduate Medical Education Payment [1] [2]	((C x .93) - D) = (E)	\$15,388

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120375-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$971,706 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120375-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$971,706
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$971,706
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$491,239
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$240,234

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100641-00**

Dear Mr. Mayo:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$1,036,402 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100641-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,036,402
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,036,402
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$509,405
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$263,499

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$718,086 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101567-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$718,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$718,086
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$348,505
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$184,791

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

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



RICK SCOTT
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JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101401-00**

Dear Mr. Kirk:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 79% of your projected annual amount of \$396,830 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101401-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$396,830
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$396,830
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$229,083
Your third Graduate Medical Education Payment [1] [2]	$((C \times .79) - D) = (E)$	\$83,874

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0110213-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$247,595 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0110213-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$247,595
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$247,595
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$123,798
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$61,899

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

Mr. Dawn Javersack
CFO
Boca Raton Regional Hospital
800 Meadows Road
Boca Raton, Florida 33486

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101419-00**

Dear Mr. Javersack:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$956,423 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101419-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$956,423
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$956,423
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$470,201
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$243,111

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0118079-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$743,814 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0118079-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$743,814
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$743,814
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$371,907
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$185,954

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120405-00**

Dear Mr. Grossman:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$54,154 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120405-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$54,154
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$54,154
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$27,358
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$13,398

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

Mr. Alex Fernandez
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100129-00**

Dear Mr. Fernandez:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$2,080,089 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100129-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,080,089
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,080,089
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$980,467
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$549,811

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 6885713-00**

Dear Mr. Jordon:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$800,000 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **6885713-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$800,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$800,000
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$400,000
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$200,000

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0102202-00**

Dear Ms. Dutton:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 78% of your projected annual amount of \$1,100,890 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0102202-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,100,890
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,100,890
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$620,764
Your third Graduate Medical Education Payment [1] [2]	((C x .78) - D) = (E)	\$240,063

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120090-00**

Dear Mr. Bryan:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$287,105 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120090-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$287,105
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$287,105
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$146,595
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$70,255

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101290-00**

Dear Mr. Tol:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$3,086,112 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101290-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,086,112
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,086,112
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,606,192
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$739,960

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100943-00**

Dear Mr. Cox:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 72% of your projected annual amount of \$43,101 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100943-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$43,101
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$43,101
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$19,295
Your third Graduate Medical Education Payment [1] [2]	((C x .72) - D) = (E)	\$11,903

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101028-00**

Dear Mr. Didenko:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 78% of your projected annual amount of \$129,392 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101028-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$129,392
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$129,392
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$72,305
Your third Graduate Medical Education Payment [1] [2]	((C x .78) - D) = (E)	\$28,543

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

Florida Hospital Wesley Chapel
2600 Bruce B. Downs Blvd
Wesley Chapel, Florida 33544

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0054568-00**

Dear Sir or Madam:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$29,129 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0054568-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$29,129
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$29,129
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$14,565
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$7,282

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120324-00**

Dear Dr. List:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 93% of your projected annual amount of \$899,561 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120324-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$899,561
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$899,561
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$768,944
Your third Graduate Medical Education Payment [1] [2]	((C x .93) - D) = (E)	\$65,308

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 81% of your projected annual amount of \$402,729 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101842-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$402,729
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$402,729
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$248,867
Your third Graduate Medical Education Payment [1] [2]	$((C \times .81) - D) = (E)$	\$76,931

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100188-00**

Dear Mr. Radosevich:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$722,227 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100188-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$722,227
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$722,227
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$361,114
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$180,557

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$11,462,947 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100421-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$11,462,947
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$11,462,947
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$5,360,965
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$3,050,991

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101460-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,145,747 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101460-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,145,747
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,145,747
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$549,277
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$298,235

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120138-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$1,070,903 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120138-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,070,903
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,070,903
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$552,313
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$259,295

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101443-00**

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 77% of your projected annual amount of \$234,979 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101443-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$234,979
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$234,979
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$125,659
Your third Graduate Medical Education Payment [1] [2]	((C x .77) - D) = (E)	\$54,660

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,848,192 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0119741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,848,192
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,848,192
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$889,490
Your third Graduate Medical Education Payment [1] [2]	$((C \times .74) - D) = (E)$	\$479,351

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$3,302,460 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120057-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,302,460
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,302,460
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,660,503
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$820,978

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$523,177 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101109-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$523,177
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$523,177
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$270,654
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$126,262

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101168-00**

Dear Mr. Tierney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$845,327 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101168-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$845,327
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$845,327
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$397,250
Your third Graduate Medical Education Payment [1] [2]	$((C \times .73) - D) = (E)$	\$224,039

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100722-00**

Dear Mr. Howey:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 72% of your projected annual amount of \$2,104,107 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100722-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,104,107
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,104,107
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$920,525
Your third Graduate Medical Education Payment [1] [2]	((C x .72) - D) = (E)	\$591,791

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101931-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 78% of your projected annual amount of \$53,281 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101931-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$53,281
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$53,281
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$29,375
Your third Graduate Medical Education Payment [1] [2]	$((C \times .78) - D) = (E)$	\$11,953

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101583-00**

Dear Mr. Hoce:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$444,187 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101583-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$444,187
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$444,187
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$227,965
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$108,111

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$2,344,613 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100463-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,344,613
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,344,613
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,147,129
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$598,742

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$2,289,413 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100609-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,289,413
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,289,413
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,095,836
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$596,788

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0108626-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$534,033 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0108626-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$534,033
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$534,033
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$267,017
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$133,508

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0115193-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$584,371 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0115193-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$584,371
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$584,371
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$270,009
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$157,181

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120073-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$563,110 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120073-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$563,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$563,110
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$278,165
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$142,472

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0109886-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$503,140 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0109886-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$503,140
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$503,140
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$251,570
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$125,785

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0111741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$784,476 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0111741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$784,476
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$784,476
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$392,238
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$196,119

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$4,302,544 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101338-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,302,544
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$4,302,544
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,210,734
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$1,045,905

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101389-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 79% of your projected annual amount of \$647,725 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101389-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$647,725
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$647,725
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$371,227
Your third Graduate Medical Education Payment [1] [2]	$((C \times .79) - D) = (E)$	\$138,249

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100536-00**

Dear Mr. Milanés:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$159,490 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100536-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$159,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$159,490
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$79,745
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$39,873

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0104604-00**

Dear Mr. English:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$1,289,740 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0104604-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,289,740
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,289,740
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$642,695
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$323,523

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$373,599 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120260-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$373,599
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$373,599
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$182,668
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$95,465

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119881-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$629,463 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0119881-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$629,463
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$629,463
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$294,150
Your third Graduate Medical Education Payment [1] [2]	$((C \times .73) - D) = (E)$	\$167,657

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$1,050,170 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100765-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,050,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,050,170
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$528,671
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$260,749

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$33,513 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101486-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$33,513
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$33,513
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$16,757
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$8,378

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120103-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$503,963 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0120103-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$503,963
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$503,963
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$262,284
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$120,840

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100731-00**

Dear Mr. Romine:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$552,801 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100731-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$552,801
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$552,801
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$259,368
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$146,717

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119971-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$533,107 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0119971-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$533,107
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$533,107
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$322,687
Your third Graduate Medical Education Payment [1] [2]	$((C \times .80) - D) = (E)$	\$105,210

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$1,213,710 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0101133-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,213,710
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,213,710
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$563,396
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$325,157

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100994-00**

Dear Mr. Short:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$5,319,110 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100994-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$5,319,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$5,319,110
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,443,445
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$1,437,832

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$4,514,442 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100676-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,514,442
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$4,514,442
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,154,191
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$1,180,125

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$8,610,710 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100030-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$8,610,710
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$8,610,710
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$4,147,785
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$2,231,463

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0112801-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$352,453 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0112801-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$352,453
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$352,453
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$182,418
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$85,018

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100366-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 79% of your projected annual amount of \$1,792,890 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100366-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,792,890
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,792,890
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,041,632
Your third Graduate Medical Education Payment [1] [2]	((C x .79) - D) = (E)	\$375,629

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100471-00**

Dear Ms. Jones:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$599,762 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100471-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$599,762
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$599,762
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$360,591
Your third Graduate Medical Education Payment [1] [2]	$((C \times .80) - D) = (E)$	\$119,586

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0102130-00**

Dear Mr. Paul:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$340,334 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0102130-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$340,334
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$340,334
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$158,803
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$90,766

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0032265-00**

Dear Mr. Bell:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$197,146 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0032265-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$197,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$197,146
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$94,411
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$51,367

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

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

March 23, 2017

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

**RE: State Fiscal Year 2016 - 2017
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100625-00**

Dear Ms. Baldwin:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2016 - 2017.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$304,763 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2016 - 2017 Third Payment

Medicaid Number : **0100625-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$304,763
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$304,763
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$185,040
Your third Graduate Medical Education Payment [1] [2]	$((C \times .80) - D) = (E)$	\$59,862

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

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