



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,474,580 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101516-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,474,580
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,474,580
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$368,645</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0116483-00**

Dear Ms. Howard:

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$437,297 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0116483-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$437,297
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$437,297
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$109,324</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$506,847 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120375-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$506,847
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$506,847
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$126,712</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$997,584 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100641-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$997,584
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$997,584
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$249,396</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$734,888 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
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Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101567-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$734,888
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$734,888
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$183,722</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$300,157 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101401-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$300,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$300,157
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$75,039</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$629,519 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101419-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$629,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$629,519</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$157,380</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$417,670 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0118079-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$417,670
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$417,670
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$104,418</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$67,319 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

A handwritten signature in cursive script 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 2015 - 2016 First Payment

Medicaid Number : **0120405-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$67,319
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$67,319
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$16,830</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Mr. Calvin E. Glidewell Jr.  
CEO  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100129-00**

Dear Mr. Glidewell:

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,948,992 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100129-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,948,992
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,948,992
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$487,248</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,265,041 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0102202-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,265,041
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,265,041
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$316,260</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$267,357 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120090-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$267,357
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$267,357
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$66,839</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$39,281 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100943-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$39,281
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$39,281</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$9,820</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Mr. Lars Houmann  
President  
Florida Hospital  
601 East Rollins Street  
Orlando, Florida 32803

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0101290-00**

Dear Mr. Houmann:

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$3,452,691 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101290-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,452,691
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$3,452,691
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$863,173</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$141,144 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101028-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$141,144
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$141,144
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$35,286</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$18,367 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0054568-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$18,367
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$18,367</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$4,592</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,697,478 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120324-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,697,478
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,697,478
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$424,370</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$539,811 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101842-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$539,811
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$539,811</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$134,953</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$522,076 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100188-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$522,076
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$522,076</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$130,519</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Mr. Carlos Migoya  
President / CEO  
Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
Executive Offices-West Wing117  
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$12,038,763 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100421-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$12,038,763
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$12,038,763
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$3,009,691</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,000,669 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101460-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,000,669
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,000,669
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$250,167</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$674,826 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120138-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$674,826
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$674,826
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$168,707</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$223,946 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101443-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$223,946
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$223,946</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$55,987</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,920,173 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0119741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,920,173
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,920,173
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$480,043</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$3,678,167 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120057-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,678,167
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$3,678,167
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$919,542</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$563,577 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101109-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$563,577
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$563,577
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$140,894</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$799,182 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101168-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$799,182
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$799,182</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$199,796</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$2,051,499 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100722-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,051,499
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,051,499
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$512,875</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$43,538 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101931-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$43,538
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$43,538
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$10,885</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$574,933 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100200-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$574,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$574,933
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$143,733</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Mr. Kris Hoce  
Hospital Administrator  
Morton Plant Hospital  
323 Jeffords Street  
P.O. Box 210  
Clearwater, Florida 33757

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$484,570 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101583-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$484,570
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$484,570
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$121,143</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$2,322,955 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100463-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,322,955
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,322,955
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$580,739</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Ms. Kelly O. Register  
Director of Reimbursement  
Nemours Children Hospital  
13535 Nemours Parkway  
Orlando, Florida 32827-7402

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0040876-00**

Dear Ms. Register:

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$10,967 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0040876-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$10,967
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$10,967
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$2,742</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$2,362,170 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100609-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,362,170
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,362,170
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$590,543</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$199,993 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0108626-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$199,993
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$199,993</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$49,998</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$596,349 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0115193-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$596,349
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$596,349
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$149,087</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$344,683 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120073-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$344,683
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$344,683
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$86,171</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$281,322 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

A handwritten signature in cursive script 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 2015 - 2016 First Payment

Medicaid Number : **0109886-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$281,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$281,322</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$70,331</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$325,966 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0111741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$325,966
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$325,966
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$81,492</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$4,368,066 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101338-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,368,066
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$4,368,066
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$1,092,017</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$687,112 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101389-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$687,112
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$687,112
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$171,778</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,482,470 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0104604-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,482,470
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,482,470
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$370,618</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$413,821 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

A handwritten signature in cursive script 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 2015 - 2016 First Payment

Medicaid Number : **0120260-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$413,821
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$413,821
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$103,455</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$395,699 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0119881-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$395,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$395,699</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$98,925</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,046,550 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100765-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,046,550
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,046,550
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$261,638</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$577,733 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100731-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$577,733
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$577,733
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$144,433</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Mr. Timothy M. Goldfarb  
CEO  
Shands Teaching Hospital & Clinic  
Box 100326  
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$8,520,751 for this fiscal year. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100030-00**

Facility Name (current) : **Shands Teaching Hospital & Clinic**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$8,520,751
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$8,520,751</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$2,130,188</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$706,837 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0119971-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$706,837
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$706,837
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$176,709</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$504,931 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120103-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$504,931
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$504,931
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$126,233</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$1,143,234 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0101133-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,143,234
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,143,234
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	<b>((C x .25) - D) = (E)</b>	<b>\$285,809</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$4,928,748 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100994-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,928,748
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$4,928,748
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$1,232,187</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$4,528,698 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100676-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,528,698
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$4,528,698
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$1,132,175</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$358,427 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

A handwritten signature in cursive script 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 2015 - 2016 First Payment

Medicaid Number : **0112801-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$358,427
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$358,427
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$89,607</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100366-00**

Dear Ms. Howard:

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$2,161,507 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100366-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,161,507
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,161,507
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$540,377</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

Ms. Sharon V. Howard  
Hospital Administrator  
University of Miami Hospital & Clinics  
1475 N.W. 12th Avenue  
Hope Lodge #205  
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0100471-00**

Dear Ms. Howard:

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$829,474 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100471-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$829,474
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$829,474
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$207,369</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$324,616 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0102130-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$324,616
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$324,616
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$81,154</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$212,169 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0032265-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$212,169
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$212,169
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	((C x .25) - D) = (E)	<b>\$53,042</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First Statewide Medicaid Residency Payment (GME)  
Medicaid Number: 0120308-00**

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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$361,302 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0120308-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$361,302
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$361,302
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$90,326</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2015

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

**RE: State Fiscal Year 2015 - 2016  
First 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 2015 - 2016.

The scheduled first quarter payment (electronically transferred) represents approximately 25% of your projected annual amount of \$491,508 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

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 2015 - 2016 First Payment

Medicaid Number : **0100625-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$491,508
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$491,508
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your first Graduate Medical Education Payment [1] [2]</b>	$((C \times .25) - D) = (E)$	<b>\$122,877</b>

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

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