



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 012037500**

Dear Mr. Chaykin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,170,021 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012037500**

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

Annual GME DSH distribution to your facility	(A)	\$1,170,021
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$1,170,021
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$292,505
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$292,506</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 011807900**

Dear Mr. Eng:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,251,618 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **011807900**

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

Annual GME DSH distribution to your facility	(A)	\$1,251,618
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$1,251,618
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$312,905
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$312,904</b>

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

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



RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

March 20, 2020

Jonathan R. Turton  
Broward Health Medical Center  
1600 S Andrews Ave  
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010012900**

Dear Mr. Turton:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,340,389 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010012900**

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

Annual GME DSH distribution to your facility	(A)	\$3,340,389
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,340,389
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$835,097
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$835,098</b>

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SECRETARY

March 20, 2020

Doug Harcombe  
AdventHealth Orlando  
400 Celebration Pl  
Celebration, FL 34747

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,026,182 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010129000**

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

Annual GME DSH distribution to your facility	(A)	\$5,026,182
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$5,026,182
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,256,546
<b>Your Scheduled GME DSH Payment [1] [2]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$1,256,545</b>

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March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 012032400**

Dear Dr. List:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,976,938 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012032400**

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

Annual GME DSH distribution to your facility	(A)	\$2,976,938
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,976,938
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$744,235
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$744,234</b>

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SECRETARY

March 20, 2020

Carlos A. Migoya  
Jackson Memorial Hospital  
1611 NW 12th Ave  
Miami, FL 33136

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$12,662,015 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010042100**

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

Annual GME DSH distribution to your facility	(A)	\$12,662,015
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$12,662,015
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$3,165,504
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$3,165,504</b>

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March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 011974100**

Dear Mr. Rudd:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,150,912 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **011974100**

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

Annual GME DSH distribution to your facility	(A)	\$3,150,912
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,150,912
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$787,728
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$787,728</b>

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SECRETARY

March 20, 2020

Sandra Sosa-Guerrero  
Larkin Community Hospital  
7031 SW 62nd Ave  
South Miami, FL 33143

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,058,157 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012005700**

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

Annual GME DSH distribution to your facility	(A)	\$3,058,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,058,157
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$764,539
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$764,540</b>

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MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010072200**

Dear Dr. Thielen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,951,267 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010072200**

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

Annual GME DSH distribution to your facility	(A)	\$2,951,267
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,951,267
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$737,817
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$737,817</b>

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010046300**

Dear Mr. Sonenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,076,098 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010046300**

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

Annual GME DSH distribution to your facility	(A)	\$3,076,098
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,076,098
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$769,025
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$769,024</b>

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

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010862600**

Dear Mr. Lawson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,211,685 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010862600**

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

Annual GME DSH distribution to your facility	(A)	\$1,211,685
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$1,211,685
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$302,921
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$302,922</b>

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

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

David Strong  
Orlando Health  
92 W Miller St.  
Orlando, FL 32806

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,899,258 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010133800**

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

Annual GME DSH distribution to your facility	(A)	\$4,899,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$4,899,258
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,224,815
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$1,224,814</b>

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

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MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010138900**

Dear Mr. Carbone:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,274,728 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010138900**

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

Annual GME DSH distribution to your facility	(A)	\$1,274,728
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$1,274,728
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$318,682
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$318,682</b>

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RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$7,218,243 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Lisa Smith, Bureau Chief,  
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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010099400**

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

Annual GME DSH distribution to your facility	(A)	\$7,218,243
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$7,218,243
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,804,561
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$1,804,561</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010067600**

Dear Dr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,301,640 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010067600**

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

Annual GME DSH distribution to your facility	(A)	\$5,301,640
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$5,301,640
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,325,410
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$1,325,410</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

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

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$12,051,040 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010003000**

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

Annual GME DSH distribution to your facility	(A)	\$12,051,040
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$12,051,040
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$3,012,760
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$3,012,760</b>

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

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





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

Stephen L. Demers  
University of Miami Hospital and Clinics  
1475 NW 12th Ave  
Miami, FL 33136

**RE: State Fiscal Year 2019-2020  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010047100**

Dear Mr. Demers:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,680,694 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010047100**

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

Annual GME DSH distribution to your facility	(A)	\$3,680,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,680,694
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$920,174
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$(C \times 0.50) - (D) = (E)$	<b>\$920,173</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.