

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



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,170,021
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$292,505
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$292,506

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



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,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,251,618
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$312,905
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$312,904

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



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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Graduate Medical Education Disproportionate Share Distribution

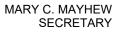
State Fiscal Year 2019-2020 Second Payment

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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,340,389
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$835,097
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$835,098

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



STATE OF FLORIDA

March 20, 2020

Doug Harcombe AdventHealth Orlando 400 Celebration PI 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.

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



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$5,026,182
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,256,546
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$1,256,545

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



MARY C. MAYHEW SECRETARY

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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,976,938
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$744,235
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$744,234

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



MARY C. MAYHEW 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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Graduate Medical Education Disproportionate Share Distribution

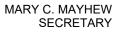
State Fiscal Year 2019-2020 Second Payment

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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$12,662,015
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$3,165,504
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$3,165,504

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



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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,150,912
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$787,728
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$787,728

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



MARY C. MAYHEW 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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Graduate Medical Education Disproportionate Share Distribution

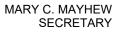
State Fiscal Year 2019-2020 Second Payment

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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,058,157
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$764,539
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$764,540

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



STATE OF FLORIDA

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

LS:rp



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,951,267
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$737,817
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$737,817

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



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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,076,098
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$769,025
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$769,024

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



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.

Sincerely,

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



Graduate Medical Education Disproportionate Share Distribution

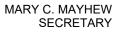
State Fiscal Year 2019-2020 Second Payment

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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,211,685
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$302,921
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$302,922

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



STATE OF FLORIDA

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.

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



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,899,258
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,224,815
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$1,224,814

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



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.

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



Graduate Medical Education Disproportionate Share Distribution

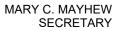
State Fiscal Year 2019-2020 Second Payment

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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,274,728
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$318,682
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$318,682

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



WHENTH CARE ADART

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.

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



Graduate Medical Education Disproportionate Share Distribution

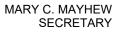
State Fiscal Year 2019-2020 Second Payment

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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$7,218,243
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,804,561
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$1,804,561

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





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



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$5,301,640
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,325,410
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$1,325,410

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



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



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$12,051,040
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$3,012,760
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$3,012,760

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



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



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)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,680,694
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$920,174
Your Scheduled GME DSH Payment [1] [2]	$(C \ge 0.50) - (D) = (E)$	\$920,173

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