



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010012900**

Dear Ms. Todd-Atkinson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,588,345 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010012900**

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

Annual GME DSH distribution to your facility	(A)	\$3,588,345
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,588,345
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,794,1\$73
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$897,086</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 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 012032400**

Dear Mr. Kolosky:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,019,624 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **012032400**

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

Annual GME DSH distribution to your facility	(A)	\$3,019,624
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,019,624
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,509,8\$12
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$754,906</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  
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March 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third 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 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$13,061,233 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010042100**

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

Annual GME DSH distribution to your facility	(A)	\$13,061,233
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$13,061,233
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	6,530,6\$17
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$3,265,308</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 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 011974100**

Dear Mr. Degina:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,340,115 for state fiscal year 2018 - 2019. 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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Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **011974100**

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

Annual GME DSH distribution to your facility	(A)	\$3,340,115
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,340,115
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,670,0\$58
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$835,028</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.





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MARY C. MAYHEW  
SECRETARY

March 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third 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 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,243,287 for state fiscal year 2018 - 2019. 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  
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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **012005700**

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

Annual GME DSH distribution to your facility	(A)	\$3,243,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,243,287
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,621,6\$44
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$810,821</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.



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MARY C. MAYHEW  
SECRETARY

March 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010072200**

Dear Dr. Farrugia:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,152,535 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010072200**

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

Annual GME DSH distribution to your facility	(A)	\$3,152,535
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,152,535
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,576,2\$68
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$788,133</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.



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MARY C. MAYHEW  
SECRETARY

March 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010046300**

Dear Ms. 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 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,296,218 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010046300**

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

Annual GME DSH distribution to your facility	(A)	\$3,296,218
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,296,218
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,648,1\$09
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$824,055</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 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third 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 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$7,594,184 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010099400**

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

Annual GME DSH distribution to your facility	(A)	\$7,594,184
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$7,594,184
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	3,797,0\$92
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$1,898,546</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 13, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Third 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 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$12,192,834 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010003000**

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

Annual GME DSH distribution to your facility	(A)	\$12,192,834
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$12,192,834
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	6,096,4\$17
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$3,048,209</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 13, 2019

Richard Ballard  
University of Miami Hospital  
1475 Northwest 12th Avenue  
Miami, Florida 33136-1087

**RE: State Fiscal Year 2018 - 2019  
Third Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010047100**

Dear Mr. Ballard:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 75% (rounded) of your annual appropriation of \$3,957,334 for state fiscal year 2018 - 2019. 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 2018 - 2019 Third Payment

Medicaid Number : **010047100**

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

Annual GME DSH distribution to your facility	(A)	\$3,957,334
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,957,334
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	1,978,6\$67
<b>Your Scheduled GME DSH Payment [1] [2]</b>	$((C \times .75) - D) = (E)$	<b>\$989,334</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.