



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$2,929,484 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 Fourth Payment

Medicaid Number : **010012900**

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

Annual GME DSH distribution to your facility	(A)	\$2,929,484
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,929,484
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,691,259
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$238,225</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

August 14, 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  
Fourth 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 100% (rounded) of your annual appropriation of \$2,465,186 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 Fourth Payment

Medicaid Number : **012032400**

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

Annual GME DSH distribution to your facility	(A)	\$2,465,186
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,465,186
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,264,718
<b>Your Scheduled GME DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$200,468</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$10,663,038 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 Fourth Payment

Medicaid Number : **010042100**

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

Annual GME DSH distribution to your facility	(A)	\$10,663,038
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$10,663,038
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$9,795,925
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$867,113</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$2,726,831 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 Fourth Payment

Medicaid Number : **011974100**

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

Annual GME DSH distribution to your facility	(A)	\$2,726,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,726,831
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,505,086
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$221,745</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$2,647,781 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 Fourth Payment

Medicaid Number : **012005700**

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

Annual GME DSH distribution to your facility	(A)	\$2,647,781
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,647,781
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,432,465
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$215,316</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$2,573,693 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 Fourth Payment

Medicaid Number : **010072200**

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

Annual GME DSH distribution to your facility	(A)	\$2,573,693
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,573,693
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,364,401
<b>Your Scheduled GME DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$209,292</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$2,690,994 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 Fourth Payment

Medicaid Number : **010046300**

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

Annual GME DSH distribution to your facility	(A)	\$2,690,994
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$2,690,994
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,472,164
<b>Your Scheduled GME DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$218,830</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$6,199,803 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 Fourth Payment

Medicaid Number : **010099400**

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

Annual GME DSH distribution to your facility	(A)	\$6,199,803
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$6,199,803
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$5,695,638
<b>Your Scheduled GME DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$504,165</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$9,954,088 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 Fourth Payment

Medicaid Number : **010003000**

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

Annual GME DSH distribution to your facility	(A)	\$9,954,088
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$9,954,088
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$9,144,626
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$809,462</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

August 14, 2019

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

**RE: State Fiscal Year 2018 - 2019  
Fourth 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 100% (rounded) of your annual appropriation of \$3,230,723 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 Fourth Payment

Medicaid Number : **010047100**

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

Annual GME DSH distribution to your facility	(A)	\$3,230,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$3,230,723
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,968,001
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$262,722</b>

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

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

January 14, 2019

Leon Haley  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2018 - 2019  
Second Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010067600**

Dear Mr. 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 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 100% (rounded) of your annual appropriation of \$5,592,224 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 Second Payment

Medicaid Number : **010067600**

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

Annual GME DSH distribution to your facility	(A)	\$5,592,224
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$5,592,224
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,796,112
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,796,112</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

September 11, 2019

Daryl Tol  
AdventHealth Orlando  
900 Winderley Place, Suite 2200  
Maitland, Florida 32751

**RE: State Fiscal Year 2018 - 2019  
Annual Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 010129000**

Dear Mr. Tol:

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 100% (rounded) of your annual appropriation of \$4,675,599 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 Annual Payment

Medicaid Number : **010129000**

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

Annual GME DSH distribution to your facility	(A)	\$4,675,599
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$4,675,599
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,675,599</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

September 11, 2019

David Strong, President & CEO  
Orlando Health  
1414 Kuhl Avenue  
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2018 - 2019  
Annual 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 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 100% (rounded) of your annual appropriation of \$4,455,923 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 Annual Payment

Medicaid Number : **010133800**

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

Annual GME DSH distribution to your facility	(A)	\$4,455,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$4,455,923
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled GME DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,455,923</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

September 17, 2019

Leon Haley  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year (SFY) 2018-2019  
Previously Paid Graduate Medical Education (GME) Disproportionate Share  
Hospital (DSH) Payment  
Medicaid Number: 010067600**

Dear Mr. Haley:

It has been determined that your hospital was inadvertently overpaid in the State Fiscal Year 2018-2019 GME DSH. This amount will be adjusted against your current DSH allocation.

The overpayment paid to your hospital, of **\$1,026,798** will be recouped in the form of a wire transfer to the Agency. The recoupment should occur on or after May 9, 2019.

I apologize for any inconvenience and would like to take this opportunity to thank you for your ongoing commitment to Medicaid recipients and indigent persons of 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



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Recoupment

Medicaid Number : **010067600**

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

Annual GME DSH distribution to your facility	(A)	\$4,565,426
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled GME DSH Distribution</b>	(C)	\$4,565,426
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$5,592,224
<b>Your Scheduled GME DSH Recoupment [1] [2]</b>	(C - D) = (E)	<b>(\$1,026,798)</b>

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

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