



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$1,051,385 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 Third Payment

Medicaid Number : **012037500**

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

Annual GME DSH distribution to your facility	(A)	\$1,051,385
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,051,385
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$585,011
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$466,374

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$1,124,708 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 Third Payment

Medicaid Number : **011807900**

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

Annual GME DSH distribution to your facility	(A)	\$1,124,708
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,124,708
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$625,809
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$498,899

[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

May 1, 2020

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

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

Dear Ms. Havericak:

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 100% (rounded) of your annual appropriation of \$3,001,685 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,

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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 2019-2020 Third Payment

Medicaid Number : **010012900**

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

Annual GME DSH distribution to your facility	(A)	\$3,001,685
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,001,685
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,670,195
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,331,490

[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

May 1, 2020

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$4,516,544 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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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010129000**

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

Annual GME DSH distribution to your facility	(A)	\$4,516,544
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,516,544
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,513,091
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,003,453

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$2,675,087 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 Third Payment

Medicaid Number : **012032400**

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

Annual GME DSH distribution to your facility	(A)	\$2,675,087
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,675,087
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,488,469
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,186,618

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
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 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 100% (rounded) of your annual appropriation of \$11,378,130 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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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010042100**

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

Annual GME DSH distribution to your facility	(A)	\$11,378,130
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$11,378,130
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$6,331,008
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$5,047,122

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

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RON DESANTIS
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MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$2,831,420 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 Third Payment

Medicaid Number : **011974100**

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

Annual GME DSH distribution to your facility	(A)	\$2,831,420
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,831,420
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,575,456
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,255,964

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
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 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 100% (rounded) of your annual appropriation of \$2,748,070 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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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **012005700**

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

Annual GME DSH distribution to your facility	(A)	\$2,748,070
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,748,070
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,529,079
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,218,991

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$2,652,019 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 Third Payment

Medicaid Number : **010072200**

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

Annual GME DSH distribution to your facility	(A)	\$2,652,019
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,652,019
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,475,634
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,176,385

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$2,764,192 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 Third Payment

Medicaid Number : **010046300**

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

Annual GME DSH distribution to your facility	(A)	\$2,764,192
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,764,192
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,538,049
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,226,143

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$1,088,824 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,

A handwritten signature in black ink, appearing to read "Lisa Smith".

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 Third Payment

Medicaid Number : **010862600**

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

Annual GME DSH distribution to your facility	(A)	\$1,088,824
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,088,824
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$605,843
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$482,981

[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

May 1, 2020

David Strong
Orlando Health
52 W Underwood St.
Orlando, FL 32806

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$4,402,490 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 Third Payment

Medicaid Number : **010133800**

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

Annual GME DSH distribution to your facility	(A)	\$4,402,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,402,490
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,449,629
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,952,861

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$1,145,475 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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Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010138900**

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

Annual GME DSH distribution to your facility	(A)	\$1,145,475
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,145,475
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$637,364
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$508,111

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
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 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 100% (rounded) of your annual appropriation of \$6,486,338 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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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010099400**

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

Annual GME DSH distribution to your facility	(A)	\$6,486,338
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$6,486,338
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$3,609,122
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,877,216

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$4,764,072 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 Third Payment

Medicaid Number : **010067600**

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

Annual GME DSH distribution to your facility	(A)	\$4,764,072
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,764,072
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,650,820
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,113,252

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
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 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 100% (rounded) of your annual appropriation of \$10,829,106 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 Third Payment

Medicaid Number : **010003000**

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

Annual GME DSH distribution to your facility	(A)	\$10,829,106
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$10,829,106
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$6,025,520
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$4,803,586

[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

May 1, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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 100% (rounded) of your annual appropriation of \$3,307,484 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 Third Payment

Medicaid Number : **010047100**

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

Annual GME DSH distribution to your facility	(A)	\$3,307,484
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,307,484
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,840,347
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,467,137

[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.