



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 10, 2021

Doug Harcombe
AdventHealth Orlando
400 Celebration Pl
Celebration, FL 34747

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010129000**

Dear Mr. Harcombe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$4,701,912 for state fiscal year 2020 - 2021. 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 2020 - 2021 Second Payment

Medicaid Number : **010129000**

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

Annual GME DSH distribution to your facility	(A)	\$4,701,912
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,701,912
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,477,498
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,224,414

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

David LeMount
Aventura Hospital and Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 012037500**

Dear Mr. LeMount:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,472,519 for state fiscal year 2020 - 2021. 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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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **012037500**

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

Annual GME DSH distribution to your facility	(A)	\$1,472,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,472,519
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$775,889
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$696,630

[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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SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 011807900**

Dear Mr. Eng:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,283,233 for state fiscal year 2020 - 2021. 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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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **011807900**

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

Annual GME DSH distribution to your facility	(A)	\$1,283,233
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,283,233
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$676,151
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$607,082

[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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SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second 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 2020 - 2021. 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 \$3,158,900 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010012900**

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

Annual GME DSH distribution to your facility	(A)	\$3,158,900
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,158,900
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,664,465
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,494,435

[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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SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 012032400**

Dear Dr. List:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,694,650 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **012032400**

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

Annual GME DSH distribution to your facility	(A)	\$2,694,650
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,694,650
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,419,846
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,274,804

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$10,159,148 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010042100**

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

Annual GME DSH distribution to your facility	(A)	\$10,159,148
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$10,159,148
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$5,352,985
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$4,806,163

[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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SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 011974100**

Dear Mr. Rudd:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,587,813 for state fiscal year 2020 - 2021. 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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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **011974100**

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

Annual GME DSH distribution to your facility	(A)	\$2,587,813
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,587,813
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,363,552
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,224,261

[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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SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 012005700**

Dear Ms. Sosa-Guerrero:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$3,875,623 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **012005700**

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

Annual GME DSH distribution to your facility	(A)	\$3,875,623
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,875,623
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,042,116
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,833,507

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010072200**

Dear Dr. Thielen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$2,723,987 for state fiscal year 2020 - 2021. 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 2020 - 2021 Second Payment

Medicaid Number : **010072200**

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

Annual GME DSH distribution to your facility	(A)	\$2,723,987
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$2,723,987
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,435,304
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,288,683

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010046300**

Dear Mr. Sonnenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$3,076,230 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010046300**

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

Annual GME DSH distribution to your facility	(A)	\$3,076,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,076,230
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,620,905
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,455,325

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010862600**

Dear Mr. Lawson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,498,618 for state fiscal year 2020 - 2021. 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 2020 - 2021 Second Payment

Medicaid Number : **010862600**

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

Annual GME DSH distribution to your facility	(A)	\$1,498,618
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,498,618
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$789,641
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$708,977

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$4,614,037 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010133800**

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

Annual GME DSH distribution to your facility	(A)	\$4,614,037
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,614,037
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,431,195
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,182,842

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010138900**

Dear Mr. Carbone:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$1,880,083 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010138900**

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

Annual GME DSH distribution to your facility	(A)	\$1,880,083
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$1,880,083
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$990,640
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$889,443

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$5,819,666 for state fiscal year 2020 - 2021. 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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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010099400**

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

Annual GME DSH distribution to your facility	(A)	\$5,819,666
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$5,819,666
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$3,066,457
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,753,209

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$4,290,361 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Lisa Smith, Bureau Chief,
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 2020 - 2021 Second Payment

Medicaid Number : **010067600**

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

Annual GME DSH distribution to your facility	(A)	\$4,290,361
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$4,290,361
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$2,260,646
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$2,029,715

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$10,289,871 for state fiscal year 2020 - 2021. 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 2020 - 2021 Second Payment

Medicaid Number : **010003000**

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

Annual GME DSH distribution to your facility	(A)	\$10,289,871
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$10,289,871
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$5,421,865
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$4,868,006

[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

SIMONE MARSTILLER
SECRETARY

June 10, 2021

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

**RE: State Fiscal Year 2020 -2021
Second Graduate Medical Education Disproportionate Share Hospital Payment
Medicaid Number: 010047100**

Dear Mr. Demers:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$3,191,548 for state fiscal year 2020 - 2021. 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 2020 - 2021 Second Payment

Medicaid Number : **010047100**

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

Annual GME DSH distribution to your facility	(A)	\$3,191,548
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled GME DSH Distribution	(C)	\$3,191,548
Total of your "GME DSH" Payments previously paid in this fiscal year	(D)	\$1,681,668
Your Scheduled GME DSH Payment [1] [2]	(C - D) = (E)	\$1,509,880

[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.