



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Jonathan M. Ellen, MD
President/Vice Dean
All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$1,440,165 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101516-00**

Facility Name (current) : **All Children's Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,440,165
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,440,165
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$737,290
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$351,437

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Aventura Hospital and Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120375-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$506,847 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120375-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$506,847
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$506,847
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$253,424
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$126,711

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Michael Mayo, FACHE
President
Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, Florida 32207

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100641-00**

Dear Mr. Mayo:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$1,088,416 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100641-00**

Facility Name (current) : **Baptist Medical Center Jacksonville**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,088,416
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,088,416
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$498,792
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$294,812

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Kathryn Gillette
President & CEO
Bayfront Health - St. Petersburg
701 6th Street South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101567-00**

Dear Ms. Gillette:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 67% of your projected annual amount of \$1,082,664 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101567-00**

Facility Name (current) : **Bayfront Health - St. Petersburg**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,082,664
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,082,664
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$367,444
Your third Graduate Medical Education Payment [1] [2]	((C x .67) - D) = (E)	\$357,610

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Roger L. Kirk
President / CEO
Bethesda Hospital East
2815 South Seacrest Boulevard
Boynton Beach, Florida 33435

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101401-00**

Dear Mr. Kirk:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$300,157 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101401-00**

Facility Name (current) : **Bethesda Hospital East**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$300,157
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$300,157
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$150,079
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$75,039

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Dawn Javersack
CFO
Boca Raton Regional Hospital
800 Meadows Road
Boca Raton, Florida 33486

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101419-00**

Dear Mr. Javersack:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$629,519 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101419-00**

Facility Name (current) : **Boca Raton Regional Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$629,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$629,519
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$314,760
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$157,379

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Brandon Regional Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0118079-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$417,670 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0118079-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$417,670
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$417,670
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$208,835
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$104,417

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120405-00**

Dear Mr. Grossman:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 67% of your projected annual amount of \$97,819 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120405-00**

Facility Name (current) : **Broward Health Coral Springs**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$97,819
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$97,819
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$33,660
Your third Graduate Medical Education Payment [1] [2]	((C x .67) - D) = (E)	\$32,079

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Calvin E. Glidewell Jr.
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100129-00**

Dear Mr. Glidewell:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$2,146,870 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100129-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,146,870
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,146,870
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$974,496
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$586,187

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Joanna A. Dutton, MBA
Facility Administrator
Cleveland Clinic Hospital
2950 Cleveland Clinic Blvd
Weston, Florida 33331

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0102202-00**

Dear Ms. Dutton:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 80% of your projected annual amount of \$1,045,844 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0102202-00**

Facility Name (current) : **Cleveland Clinic Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,045,844
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,045,844
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$632,521
Your third Graduate Medical Education Payment [1] [2]	$((C \times .80) - D) = (E)$	\$206,661

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Mark Bryan
CFO
Delray Medical Center
5352 Linton Boulevard
Delray Beach, Florida 33484

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120090-00**

Dear Mr. Bryan:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$267,357 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120090-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$267,357
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$267,357
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$133,679
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$66,839

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Shane Cox
CFO
Florida Hospital Carrollwood
7171 N. Dale Mabry Hwy.
Tampa, Florida 33614

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100943-00**

Dear Mr. Cox:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$41,039 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100943-00**

Facility Name (current) : **Florida Hopsital Carrollwood**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$41,039
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$41,039
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$19,641
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$10,699

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Lars Houmann
President
Florida Hospital
601 East Rollins Street
Orlando, Florida 32803

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101290-00**

Dear Mr. Houmann:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$3,511,452 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101290-00**

Facility Name (current) : **Florida Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,511,452
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,511,452
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,726,346
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$892,553

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Dima Didenko
CFO
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, Florida 33613

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101028-00**

Dear Mr. Didenko:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 78% of your projected annual amount of \$124,741 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101028-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$124,741
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$124,741
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$70,572
Your third Graduate Medical Education Payment [1] [2]	$((C \times .78) - D) = (E)$	\$27,084

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Florida Hospital Wesley Chapel
2600 Bruce B. Downs Blvd
Wesley Chapel, Florida 33544

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0054568-00**

Dear Sir or Madam:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$18,367 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0054568-00**

Facility Name (current) : **Florida Hospital Wesley Chapel**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$18,367
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$18,367
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$9,184
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$4,591

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Alan F. List, M.D.
President /CEO
H. Lee Moffit Cancer Center
12902 Magnolia Drive
Tampa, Florida 33612

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120324-00**

Dear Dr. List:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 85% of your projected annual amount of \$1,217,296 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120324-00**

Facility Name (current) : **H. Lee Moffit Cancer Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,217,296
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,217,296
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$848,739
Your third Graduate Medical Education Payment [1] [2]	((C x .85) - D) = (E)	\$184,278

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Jeff Feasel
CEO
Halifax Health Medical Center
303 N. Clyde-Morris Blvd.
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101842-00**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 70% of your projected annual amount of \$668,186 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101842-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$668,186
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$668,186
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$269,906
Your third Graduate Medical Education Payment [1] [2]	((C x .70) - D) = (E)	\$199,140

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Todd Radosevich
Executive Director of Revenue Management
Holy Cross Hospital
4875 North Federal Highway
5th Floor
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100188-00**

Dear Mr. Radosevich:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$522,076 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100188-00**

Facility Name (current) : **Holy Cross Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$522,076
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$522,076
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$261,038
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$130,519

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Carlos Migoya
President / CEO
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Executive Offices-West Wing117
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$11,770,699 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100421-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$11,770,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$11,770,699
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$6,019,382
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$2,875,658

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
JFK Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101460-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$1,099,547 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101460-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,099,547
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,099,547
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$500,335
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$299,606

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Kendall Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120138-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$674,826 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120138-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$674,826
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$674,826
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$337,413
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$168,706

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Darcy J. Davis
CFO/COO
Lakeside Medical Center
2601 10th Ave North, Ste 100
Palm Springs, Florida 33462

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101443-00**

Dear Ms. Davis:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$223,946 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101443-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$223,946
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$223,946
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$111,973
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$55,986

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Largo Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$2,069,305 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0119741-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,069,305
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,069,305
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$960,087
Your third Graduate Medical Education Payment [1] [2]	$((C \times .73) - D) = (E)$	\$554,609

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Sandy Sosa-Guerrero
CEO
Larkin Community Hospital
7031 SW 62nd Avenue
P.O. Box 43-1810
Miami, Florida 33243

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 79% of your projected annual amount of \$3,204,109 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120057-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$3,204,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$3,204,109
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,839,084
Your third Graduate Medical Education Payment [1] [2]	((C x .79) - D) = (E)	\$682,512

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Benjamin A. Spence
CFO
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$563,577 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101109-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$563,577
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$563,577
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$281,789
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$140,894

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mark A Tierney, CPA
System Chief Financial Officer
Manatee Memorial Hospital
206 Second Street East
Bradenton, Florida 34208

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101168-00**

Dear Mr. Tierney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 77% of your projected annual amount of \$752,102 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101168-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$752,102
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$752,102
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$399,591
Your third Graduate Medical Education Payment [1] [2]	$((C \times .77) - D) = (E)$	\$176,255

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Robert Howey, CPA
Manager
Mayo Clinic
4500 San Pablo Rd
Jacksonville, Florida 32224

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100722-00**

Dear Mr. Howey:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$2,196,571 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100722-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,196,571
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,196,571
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,025,750
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$585,410

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Memorial Hospital Jacksonville
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101931-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$47,538 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101931-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$47,538
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$47,538
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$21,769
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$12,884

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 91% of your projected annual amount of \$349,181 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100200-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$349,181
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$349,181
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$287,467
Your third Graduate Medical Education Payment [1] [2]	$((C \times .91) - D) = (E)$	\$30,857

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Kris Hoce
Hospital Administrator
Morton Plant Hospital
323 Jeffords Street
P.O. Box 210
Clearwater, Florida 33757

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101583-00**

Dear Mr. Hoce:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$509,516 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101583-00**

Facility Name (current) : **Morton Plant Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$509,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$509,516
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$242,285
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$133,615

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Steven Sonenreich
CEO
Mt. Sinai Medical Center
4300 Alton Rd
Miami Beach, Florida 33140

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$2,250,038 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100463-00**

Facility Name (current) : **Mt. Sinai Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,250,038
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,250,038
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,161,478
Your third Graduate Medical Education Payment [1] [2]	((C x .76) - D) = (E)	\$544,280

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Kelly O. Register
Director of Reimbursement
Nemours Children Hospital
13535 Nemours Parkway
Orlando, Florida 32827-7402

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0040876-00**

Dear Ms. Register:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$10,969 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0040876-00**

Facility Name (current) : **Nemours Children Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$10,969
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$10,969
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$5,484
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$2,742

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$2,437,845 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100609-00**

Facility Name (current) : **Nicklaus Children's Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$2,437,845
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$2,437,845
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,181,085
Your third Graduate Medical Education Payment [1] [2]	$((C \times .74) - D) = (E)$	\$628,380

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
North Florida Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0108626-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$199,993 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0108626-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$199,993
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$199,993
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$99,997
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$49,998

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Northside Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0115193-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$654,576 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0115193-00**

Facility Name (current) : **Northside Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$654,576
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$654,576
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$298,175
Your third Graduate Medical Education Payment [1] [2]	$((C \times .73) - D) = (E)$	\$178,200

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Oak Hill Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120073-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$344,683 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120073-00**

Facility Name (current) : **Oak Hill Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$344,683
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$344,683
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$172,342
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$86,170

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Ocala Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0109886-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$281,322 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0109886-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$281,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$281,322
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$140,661
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$70,330

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Orange Park Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0111741-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$325,966 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0111741-00**

Facility Name (current) : **Orange Park Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$325,966
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$325,966
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$162,983
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$81,491

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. John Gaspelin
Director of Finance
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$4,603,867 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101338-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,603,867
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$4,603,867
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,184,033
Your third Graduate Medical Education Payment [1] [2]	$((C \times .74) - D) = (E)$	\$1,209,917

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Osceola Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101389-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$687,112 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101389-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$687,112
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$687,112
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$343,556
Your third Graduate Medical Education Payment [1] [2]	$((C \times .75) - D) = (E)$	\$171,778

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Hopeton English
Controller
Palmetto General Hospital
2001 West 68th St.
Hialeah, Florida 33016

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0104604-00**

Dear Mr. English:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,535,885 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0104604-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,535,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,535,885
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$741,235
Your third Graduate Medical Education Payment [1] [2]	$((C \times .74) - D) = (E)$	\$397,325

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Palms West Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 78% of your projected annual amount of \$374,454 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120260-00**

Facility Name (current) : **Palms West Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$374,454
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$374,454
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$206,911
Your third Graduate Medical Education Payment [1] [2]	$((C \times .78) - D) = (E)$	\$83,771

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
Regional Medical Center at Bayonet Point
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119881-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$395,699 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0119881-00**

Facility Name (current) : **Regional Medical Center at Bayonet Point**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$395,699
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$395,699
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$197,850
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$98,924

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Henry Stovall
President
Sacred Heart Hospital
5151 N 9th Avenue
Pensacola, Florida 32504

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$1,109,755 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100765-00**

Facility Name (current) : **Sacred Heart Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,109,755
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,109,755
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$523,275
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$293,240

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Donnie L. Romine
COO
Saint Vincent's Medical Center Riverside
1 Shircliff Way
Jacksonville, Florida 32204

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100731-00**

Dear Mr. Romine:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$601,380 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100731-00**

Facility Name (current) : **Saint Vincent's Medical Center Riverside**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$601,380
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$601,380
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$288,867
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$156,256

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Timothy M. Goldfarb
CEO
UF Health Shands Hospital
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$8,896,404 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100030-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$8,896,404
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$8,896,404
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$4,260,376
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$2,318,014

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
St. Lucie Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0119971-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 72% of your projected annual amount of \$815,814 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0119971-00**

Facility Name (current) : **St. Lucie Medical Center**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$815,814
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$815,814
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$353,419
Your third Graduate Medical Education Payment [1] [2]	$((C \times .72) - D) = (E)$	\$231,197

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
St. Petersburg General Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120103-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$536,657 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120103-00**

Facility Name (current) : **St. Petersburg General Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$536,657
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$536,657
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$252,466
Your third Graduate Medical Education Payment [1] [2]	$((C \times .74) - D) = (E)$	\$142,095

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. G. Mark O'Bryant
President / CEO
Tallahassee Memorial Hospital
1300 Miccosukee
Tallahassee, Florida 32308

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0101133-00**

Dear Mr. O'Bryant:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 72% of your projected annual amount of \$1,317,435 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101133-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,317,435
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,317,435
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$571,617
Your third Graduate Medical Education Payment [1] [2]	((C x .72) - D) = (E)	\$372,909

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Steve L. Short
Senior Vice President / CFO
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100994-00**

Dear Mr. Short:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$5,450,651 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100994-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$5,450,651
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$5,450,651
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,464,374
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$1,493,138

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Russell Armistead
CEO
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 73% of your projected annual amount of \$4,989,118 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100676-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$4,989,118
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$4,989,118
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,264,349
Your third Graduate Medical Education Payment [1] [2]	((C x .73) - D) = (E)	\$1,362,384

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
University Hospital and Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0112801-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$375,056 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0112801-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$375,056
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$375,056
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$179,214
Your third Graduate Medical Education Payment [1] [2]	((C x .74) - D) = (E)	\$97,921

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Sharon V. Howard
Reimbursement Manager
University of Miami Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100366-00**

Dear Ms. Howard:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 81% of your projected annual amount of \$1,758,955 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100366-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$1,758,955
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$1,758,955
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,080,754
Your third Graduate Medical Education Payment [1] [2]	$((C \times .81) - D) = (E)$	\$339,100

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Sharon V. Howard
Hospital Administrator
University of Miami Hospital & Clinics
1475 N.W. 12th Avenue
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100471-00**

Dear Ms. Howard:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 87% of your projected annual amount of \$558,561 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100471-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$558,561
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$558,561
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$414,737
Your third Graduate Medical Education Payment [1] [2]	$((C \times .87) - D) = (E)$	\$71,912

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Joseph Paul
CFO
Wellington Regional Medical Center
10101 Forest Hill Boulevard
Willington, Florida 33414

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0102130-00**

Dear Mr. Paul:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 74% of your projected annual amount of \$339,394 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0102130-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$339,394
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$339,394
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$162,308
Your third Graduate Medical Education Payment [1] [2]	$((C \times .74) - D) = (E)$	\$88,543

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Mr. Jason Bell
Director of Graduate Medical Education
West Kendall Baptist Hospital
9555 SW 162 Ave
Miami, Florida 33196

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0032265-00**

Dear Mr. Bell:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 75% of your projected annual amount of \$213,208 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0032265-00**

Facility Name (current) : **West Kendall Baptist Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$213,208
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$213,208
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$106,085
Your third Graduate Medical Education Payment [1] [2]	((C x .75) - D) = (E)	\$53,561

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Ms. Robin Gaffney
Director of Reimbursement
West Palm Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0120308-00**

Dear Ms. Gaffney:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 76% of your projected annual amount of \$345,207 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120308-00**

Facility Name (current) : **West Palm Hospital**

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$345,207
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$345,207
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$180,651
Your third Graduate Medical Education Payment [1] [2]	$((C \times .76) - D) = (E)$	\$82,278

[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.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2016

Gilda Baldwin, DHSc, MMS
CEO
Westchester General Hospital
2500 SW 75th Street
Miami, Florida 33155

**RE: State Fiscal Year 2015 - 2016
Third Statewide Medicaid Residency Payment (GME)
Medicaid Number: 0100625-00**

Dear Ms. Baldwin:

Per Florida Statute (F.S.) 409.909(3), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2015 - 2016.

The scheduled third quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 77% of your projected annual amount of \$460,603 for this fiscal year. The procedure 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100625-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$460,603
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's annual Graduate Medical Education Payments	(A - B) = (C)	\$460,603
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$245,754
Your third Graduate Medical Education Payment [1] [2]	((C x .77) - D) = (E)	\$107,424

[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.