



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,440,165
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,088,727
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$351,438</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$506,847
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$380,135
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$126,712</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,088,416
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$793,604
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$294,812</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, flowing 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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,082,664
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$725,054
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$357,610</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$300,157
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$225,118
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$75,039</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$629,519
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$472,139
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$157,380</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$417,670
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$313,252
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$104,418</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$97,819</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$65,739
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$32,080</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,146,870
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,560,683
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$586,187</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,045,844
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$839,182
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$206,662</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education

State Fiscal Year 2015 - 2016 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$267,357
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$200,518
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$66,839</b>

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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$41,039</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$30,340
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$10,699</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$3,511,452
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,618,899
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$892,553</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$124,741
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$97,656
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$27,085</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$18,367
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$13,775
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,592</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,217,296
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,033,017
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$184,279</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$668,186
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$469,046
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$199,140</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$522,076
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$391,557
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$130,519</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified annual amount of \$11,770,698 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth Payment

Medicaid Number : **0100421-00**

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

Explicit annual Graduate Medical Education Payment to your facility	(A)	\$11,770,698
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$11,770,698</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$8,895,040
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$2,875,658</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,099,547
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$799,941
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$299,606</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$674,826
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$506,119
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$168,707</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$223,946
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$167,959
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$55,987</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,069,305
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,514,696
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$554,609</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$3,204,109
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,521,596
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$682,513</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$563,577
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$422,683
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$140,894</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script 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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$752,102
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$575,846
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$176,256</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,196,571
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,611,160
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$585,411</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$47,538
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$34,653
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$12,885</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$349,181
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$318,324
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$30,857</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$509,516
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$375,900
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$133,616</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,250,038
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,705,758
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$544,280</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$10,969
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$8,226
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,743</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$2,437,845
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,809,465
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$628,380</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$199,993
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$149,995
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$49,998</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$654,576
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$476,375
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,201</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$344,683
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$258,512
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$86,171</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$281,322
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$210,991
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$70,331</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$325,966</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$244,474
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$81,492</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$4,603,867
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,393,950
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,209,917</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$687,112
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$515,334
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$171,778</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,535,885
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,138,560
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$397,325</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$374,454
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$290,682
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$83,772</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A - B) = (C)</b>	<b>\$395,699</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$296,774
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$98,925</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,109,755
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$816,515
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$293,240</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$601,380
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$445,123
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$156,257</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$8,896,404
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$6,578,390
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,318,014</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$815,814
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$584,616
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$231,198</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$536,657
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$394,561
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$142,096</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,317,435
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$944,526
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$372,909</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$5,450,651
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,957,512
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,493,139</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$4,989,118
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,626,733
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,362,385</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$375,056
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$277,135
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$97,921</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

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

Dear Ms. Jones:

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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$1,758,955
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,419,854
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$339,101</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

Ms. Sharon Vereen Jones  
Reimbursement Manager  
University of Miami Hospital & Clinics  
1475 N.W. 12th Avenue  
Hope Lodge #205  
Miami, Florida 33136

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

Dear Ms. Jones:

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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$558,561
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$486,649
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$71,912</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$339,394
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$250,851
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$88,543</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$213,208
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$159,646
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$53,562</b>

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

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 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  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$345,207
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$262,929
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$82,278</b>

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

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 13, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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 fourth quarter payment (electronically transferred) and any previous payments for this fiscal year represents approximately 100% of your specified 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 Fourth 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
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A - B) = (C)	\$460,603
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$353,178
<b>Your fourth Graduate Medical Education Payment [1] [2]</b>	(C - D) = (E)	<b>\$107,425</b>

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

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