



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Doug Harcombe  
AdventHealth Orlando  
900 Winderley Place Ste 2200  
Maitland, Florida 32751-4191

**RE: State Fiscal Year 2022-2023  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10129000**

Dear Mr. Harcombe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10129000**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$7,175,052        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$7,175,052        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$7,175,052</b> |

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

David LeMount  
Aventura Hospital and Medical Center  
20900 Biscayne Blvd  
Aventura, Florida 33180-1407

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 12037500**

Dear Mr. LeMount:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **12037500**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)           | \$3,413,227        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)           | \$3,413,227        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)           | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$3,413,227</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Tripp Owings  
Brandon Regional Hospital  
119 Oakfield Dr  
Brandon, Florida 3311-5779

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 11807900**

Dear Mr. Owings:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **11807900**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)           | \$2,347,854        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)           | \$2,347,854        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)           | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$2,347,854</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Aurelio Fernandez III  
Broward Health Medical Center  
1600 S. Andrews Avenue  
Fort Lauderdale, Florida 33316-2510

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10012901**

Dear Mr. Fernandez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10012901**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)           | \$4,772,024        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)           | \$4,772,024        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)           | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$4,772,024</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Brandon Haushalter  
Kendall Regional Medical Center  
11750 SW 40TH ST  
Miami, Florida 33175-3530

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 12013800**

Dear Mr. Haushalter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **12013800**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$2,600,791        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$2,600,791        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$2,600,791</b> |

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**RON DESANTIS**  
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**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Sebastian Strom, MD  
Largo Medical Center  
201 14TH ST SW  
Largo, Florida 33770-3133

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 11974100**

Dear Dr. Strom:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **11974100**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$3,706,008        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$3,706,008        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$3,706,008</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Drialys Perez  
Larkin Community Hospital  
7031 SW 62ND AVE  
South Miami, Florida 33143-4701

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 12005700**

Dear Ms. Perez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **12005700**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$5,431,567        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$5,431,567        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$5,431,567</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Yoely Hernandez  
Larkin Community Hospital Palm Springs Campus  
1475 WEST 49TH ST  
Hialeah, Florida 33012

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10053600**

Dear Mr. Hernandez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10053600**

Facility Name (current) : **Larkin Community Hospital Palm Springs Campus**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$2,402,131        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$2,402,131        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$2,402,131</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Gianrico Farrugia, MD.  
Mayo Clinic  
4500 San Pablo Rd S  
Jacksonville, Florida 32224-1865

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10072200**

Dear Dr. Farrugia:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10072200**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$3,900,378        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$3,900,378        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$3,900,378</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Steven Sonenreich  
Mount Sinai Medical Center  
4300 Alton Rd  
Miami Beach, Florida 33140-2948

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10046300**

Dear Mr. Sonenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10046300**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)           | \$4,084,438        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)           | \$4,084,438        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)           | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$4,084,438</b> |

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**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Eric Lawson  
North Florida Regional Medical Center  
6500 W Newberry Rd  
Gainesville, Florida 32605-4309

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10862600**

Dear Mr. Lawson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10862600**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$2,617,824        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$2,617,824        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$2,617,824</b> |

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**RON DESANTIS**  
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**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Ken Wicker  
Oak Hill Hospital  
11375 Cortez Blvd  
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 12007300**

Dear Mr. Wicker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **12007300**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$1,858,215        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$1,858,215        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$1,858,215</b> |

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**RON DESANTIS**  
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**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Alan Keesee  
Ocala Regional Medical Center  
1431 SW 1ST AVE  
Ocala, Florida 34471-6500

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10988600**

Dear Mr. Keesee:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10988600**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$2,292,689        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$2,292,689        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$2,292,689</b> |

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

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

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10133800**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$4,048,497        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$4,048,497        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$4,048,497</b> |

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Davide Carbone  
Osceola Regional Medical Center  
700 Oak St  
Kissimmee, Florida 34741-4924

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10138900**

Dear Mr. Carbone:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10138900**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)           | \$2,907,513        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)           | \$2,907,513        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)           | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$2,907,513</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.



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Gina Temple, PhD, MPA, BSN  
Regional Medical Center Bayonet Point  
14000 Fivay Rd  
Pasco, Florida 34667-7103

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 11988100**

Dear Ms. Temple:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **11988100**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$2,020,709        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$2,020,709        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$2,020,709</b> |

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

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





**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

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

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10099400**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$8,648,942        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$8,648,942        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$8,648,942</b> |

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

Russell E. Armistead  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number: 10067600**

Dear Mr. Armistead:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number : **10067600**

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

|   |               |                    |
|---|---------------|--------------------|
| Annual GME DSH distribution to your facility                                  | (A)           | \$6,341,457        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)           | \$00.00            |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)           | \$6,341,457        |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)           | \$00.00            |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | (C - D) = (E) | <b>\$6,341,457</b> |

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

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



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

August 17, 2023

**RE: State Fiscal Year  
Graduate Medical Education Disproportionate Share Hospital Payment  
Medicaid Number:**

Dear :

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Graduate Medical Education Disproportionate Share Distribution

State Fiscal Year 2022 - 2023

Medicaid Number :

Facility Name (current) :

|   |                      |           |
|---|----------------------|-----------|
| Annual GME DSH distribution to your facility                                  | (A)                  | \$0       |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$00.00   |
| <b>Total of your facility's scheduled GME DSH Distribution</b>                | (C)                  | \$0       |
| Total of your "GME DSH" Payments previously paid in this fiscal year          | (D)                  | \$00.00   |
| <b>Your Scheduled GME DSH Payment [1] [2]</b>                                 | <b>(C - D) = (E)</b> | <b>\$</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.