



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

December 13, 2023

Joe Johnson
AdventHealth Carrollwood
7171 Dale Mabry Hwy
Tampa, Florida 33614-2665,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10094300**

Dear Mr. Johnson:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$194,712 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10094300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$194,712
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$194,712
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$97,356

[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

December 13, 2023

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

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10129000**

Dear Mr. Harcombe:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$6,373,979 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10129000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$6,373,979
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$6,373,979
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$3,186,990

[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

December 13, 2023

Jason Dunkel
AdventHealth Sebring
4200 Sun N Lake Blvd
Sebring, Florida 33872-1986,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10090100**

Dear Mr. Dunkel:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$890,078 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10090100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$890,078
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$890,078
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$445,040

[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

December 13, 2023

Denyse Bales-Chubb
AdventHealth Tampa
3100 E Fletcher Ave
Tampa, Florida 33613-4613,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10102800**

Dear Ms. Bales-Chubb:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$569,433 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10102800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$569,433
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$569,433
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$284,716

[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

December 13, 2023

Michael H. Schatzlein, MD, MBA, FACHE
Ascension St. Vincent's Riverside
1 Shircliff Way
Jacksonville, Florida 32204,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10073100**

Dear Dr. Schatzlein:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$664,909 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

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Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10073100**

Facility Name (current) : **Ascension St. Vincent's Riverside**

Annual Graduate Medical Education Payment to your facility	(A)	\$664,909
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$664,909
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$332,454

[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

December 13, 2023

Ron Costanzo
Ascension-Sacred Heart Health System
5151 North 9th Avenue
Pensacola, Florida 32504-8721,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10076500**

Dear Mr. Trank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,470,392 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10076500**

Facility Name (current) : **Ascension-Sacred Heart Health System**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,470,392
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,470,392
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$735,196

[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

December 13, 2023

Michael Mayo
Baptist Medical Center
800 Prudential Drive
Jacksonville, Florida 32207-8202,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10064100**

Dear Mr. Mayo:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,096,406 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10064100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,096,406
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,096,406
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,048,204

[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

December 13, 2023

John A. Moore
Bayfront Health St. Petersburg
701 6th Street South
Saint Petersburg, Florida 33701-4891,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10156700**

Dear Mr. Moore:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,105,599 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10156700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,105,599
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,105,599
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$552,800

[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

December 13, 2023

Jared Smith
Bethesda Hospital East
2815 S Seacrest Blvd
Boynton Beach, Florida 33435-7934,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10140100**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,237,877 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10140100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,237,877
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,237,877
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$618,938

[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

December 13, 2023

Lincoln S. Mendez
Boca Raton Regional Hospital
800 Meadows Rd
Boca Raton, Florida 33486,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10141900**

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,161,614 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10141900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,161,614
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,161,614
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$580,808

[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

December 13, 2023

Paul Carl Velez
Borinquen Medical Centers
3601 Federal Hwy
Miami, Florida 33137-3795,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 29554000**

Dear Mr. Velez:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,08,242 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **29554000**

Facility Name (current) : **Borinquen Medical Centers**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,08,242
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,08,242
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$104,122

[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

December 13, 2023

Shane Strum
Broward Health Coral Springs
3000 Coral Hill Drive
Coral Springs, FL 33076,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12040500**

Dear Mr. Strum:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$223,204 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12040500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$223,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$223,204
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$111,602

[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

December 13, 2023

Renee Stahler
Broward Health Imperial Point
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10821900**

Dear Ms. Stahler:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$293,820 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Graduate Medical Education Payment to your facility	(A)	\$293,820
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$293,820
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$146,910

[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

December 13, 2023

Heather Havericak
Broward Health Medical Center
1608 SE 3RD AVE
Ft. Lauderdale, Florida 33316,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10012900**

Dear Ms. Havericak:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,074,360 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10012900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,074,360
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,074,360
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,537,180

[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

December 13, 2023

Renee Stahler
Broward Health North
201 East Sample Road
Deerfield Beach, FL 33064,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10021800**

Dear Ms. Stahler:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,687,485 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bobby Jernigan", is written over a light blue circular stamp.

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10021800**

Facility Name (current) : **Broward Health North**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,687,485
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,687,485
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$843,742

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

December 13, 2023

Chadwick S. Leo, D.O.
Cape Coral Hospital
636 Del Prado Boulevard
Cape Coral, Florida 33990-2695,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11971700**

Dear Dr. Leo:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$604,061 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11971700**

Facility Name (current) : **Cape Coral Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$604,061
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$604,061
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$302,030

[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

December 13, 2023

Mario Jordan, LCSW
Citrus Health Network, Inc.
4175 W 20th Ave
Hialeah, Florida 33012-5835,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 688571300**

Dear Mr. Jordan:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$568,379 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network, Inc.**

Annual Graduate Medical Education Payment to your facility	(A)	\$568,379
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$568,379
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$284,190

[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

December 13, 2023

Conor Delaney, MD., Ph.D.
Cleveland Clinic Hospital-Weston
3100 Weston Rd
Weston, Florida 33331-3655,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10220200**

Dear Dr. Delaney:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,508,780 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10220200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,508,780
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,508,780
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,254,390

[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

December 13, 2023

Jeremy Radziewicz, MAcc
Community Health of South Florida
10300 SW 216TH ST
Miami, Florida 33190,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 17707300**

Dear Mr. Radziewicz:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$75,754 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **17707300**

Facility Name (current) : **Community Health of South Florida**

Annual Graduate Medical Education Payment to your facility	(A)	\$75,754
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$75,754
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$37,878

[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

December 13, 2023

Michelle Cartwright
Delray Medical Center
5352 Linton, Blvd
Delray Beach, Florida 33484-6514,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12009000**

Dear Ms. Cartwright:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,449,061 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12009000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,449,061
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,449,061
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$724,530

[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

December 13, 2023

Robert Meade
Doctors Hospital
5000 University Dr
Coral Gables, Florida 33146-2008,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10354300**

Dear Mr. Meade:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$39,688 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10354300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$39,688
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$39,688
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$19,844

[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

December 13, 2023

Jeff Feasel
Halifax Hospital Medical Center
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10184200**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$812,825 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10184200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$812,825
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$812,825
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$406,412

[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

December 13, 2023

Tommy Zeeger
HCA Florida Aventura Hospital
20900 Biscayne Blvd
Aventura, Florida 33180-1407,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12037500**

Dear Mr. Zeeger:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,681,304 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12037500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,681,304
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,681,304
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,840,652

[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

December 13, 2023

Gina Temple, PhD, MPA, BSN
HCA Florida Bayonet Point Hospital
14000 Fivay Rd
Pasco, Florida 34667-7103,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11988100**

Dear Ms. Temple:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,690,140 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11988100**

Facility Name (current) : **HCA Florida Bayonet Point Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,690,140
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,690,140
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,345,070

[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

December 13, 2023

Sherif Khalil
HCA Florida Blake Hospital
2020-59th St West
Bradenton, Florida 34209,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11021300**

Dear Mr. Khalil:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,318,216 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11021300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,318,216
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,318,216
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$659,108

[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

December 13, 2023

Yvonne Mitchell
HCA Florida Brandon Hospital
119 Oakfield Dr
Brandon, Florida 3311-5779,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11807900**

Dear Ms. Mitchell:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,208,287 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11807900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,208,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,208,287
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,604,144

[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

December 13, 2023

Joe Horsey
HCA Florida Capital Hospital
2626 Capital Medical Blvd
Tallahassee, FL 32308-4499,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11980600**

Dear Mr. Horsey:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$288,262 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11980600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$288,262
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$288,262
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$144,132

[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

December 13, 2023

John Frank
HCA Florida Citrus Hospital
502 W Highland Blvd
Inverness, Florida 34452-4754,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10219900**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,604,824 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10219900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,604,824
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,604,824
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$802,412

[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

December 13, 2023

Lisa Nummi
HCA Florida Fawcett Hospital
21298 Olean Blvd
Port Charlotte, Florida 33952-6765,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11746300**

Dear Ms. Nummi:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,955 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11746300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,955
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,955
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,478

[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

December 13, 2023

Gina Melby
HCA Florida JFK Hospital
5301 South Congress Ave
Atlantis, Florida 33462,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10146000**

Dear Ms. Melby:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,808,493 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10146000**

Facility Name (current) : **HCA Florida JFK Hopsital**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,808,493
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,808,493
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$904,246

[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

December 13, 2023

Brandon Haushalter
HCA Florida Kendall Hospital
11750 SW 40TH ST
Miami, Florida 33175-3530,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12013800**

Dear Mr. Haushalter:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,430,047 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12013800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,430,047
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,430,047
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,715,024

[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

December 13, 2023

John Frank
HCA Florida Largo Hospital
201 14TH ST SW
Largo, Florida 33770-3133,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11974100**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,867,965 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11974100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,867,965
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,867,965
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,433,982

[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

December 13, 2023

John Frank
HCA Florida Lawnwood Hospital
1700 S 23RD ST
Fort Pierce, Florida 34950-4803,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11969500**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$419,290 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11969500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$419,290
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$419,290
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$209,646

[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

December 13, 2023

Tammy L. Razmic, MHA
HCA Florida Memorial Hospital
3625 University Blvd S
Jacksonville, Florida 32216-4207,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10193100**

Dear Ms. Razmic:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$296,189 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10193100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$296,189
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$296,189
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$148,094

[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

December 13, 2023

Randy Gross, FACHE
HCA Florida Mercy Hospital
401 Northwest 42nd Avenue
Plantation, Florida 33317,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12000601**

Dear Mr. Gross:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$167,526 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12000601**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$167,526
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$167,526
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$83,764

[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

December 13, 2023

Eric Lawson
HCA Florida North Florida Hospital
6500 W Newberry Rd
Gainesville, Florida 32605-4309,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10862600**

Dear Mr. Lawson:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$4,528,383 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10862600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,528,383
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,528,383
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$2,264,192

[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

December 13, 2023

Valerie Powell-Stafford, FACHE
HCA Florida Northside Hospital
6000 49TH ST N
Saint Petersburg, Florida 33709-2114,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11519300**

Dear Ms. Powell:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$414,220 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11519300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$414,220
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$414,220
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$207,110

[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

December 13, 2023

Kenneth Jones
HCA Florida Northwest Hospital
2801 N State Rd
Margate, Florida 33063-5727,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10459100**

Dear Mr. Jones:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,102,124 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10459100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,102,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,102,124
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$551,062

[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

December 13, 2023

John Frank
HCA Florida Oak Hill Hospital
11375 Cortez Blvd
Spring Hill, Florida 34613-5409,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12007300**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,272,393 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12007300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,272,393
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,272,393
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,136,196

[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

December 13, 2023

John Frank
HCA Florida Ocala Hospital
1431 SW 1ST AVE
Ocala, Florida 34471-6500,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10988600**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,897,786 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10988600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,897,786
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,897,786
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,448,894

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

December 13, 2023

John Frank
HCA Florida Orange Park Hospital
2001 Kingsley Ave
Orange Park, Florida 32073,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11174100**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,150,568 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11174100**

Facility Name (current) : **HCA Florida Orange Park Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,150,568
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,150,568
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,075,284

[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

December 13, 2023

John Frank
HCA Florida Osceola Hospital
700 Oak St
Kissimmee, Florida 34741-4924,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10138900**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,730,542 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10138900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,730,542
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,730,542
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,865,272

[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

December 13, 2023

Jason L. Kimbrell
HCA Florida Palms West Hospital
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12026000**

Dear Mr. Kimbrell:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,504,586 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12026000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,504,586
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,504,586
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$752,294

[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

December 13, 2023

Sally Seymour
HCA Florida St Petersburg Hospital
6500 38TH AVE N
St Petersburg, Florida 33710-1629,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12010300**

Dear Ms. Seymour:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$447,999 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12010300**

Facility Name (current) : **HCA Florida St Petersburg Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$447,999
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$447,999
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$224,000

[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

December 13, 2023

Corey Lovelace
HCA Florida St. Lucie Hospital
1800 SE Tiffany Ave
Port Saint Lucie, Florida 34952-7521,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11997100**

Dear Mr. Lovelace:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$317,006 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11997100**

Facility Name (current) : **HCA Florida St. Lucie Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$317,006
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$317,006
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$158,504

[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

December 13, 2023

John Frank
HCA Florida Trinity
9330 State Rd 54
Trinity, Florida 34655-1808,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10552000**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,024,863 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10552000**

Facility Name (current) : **HCA Florida Trinity**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,024,863
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,024,863
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$512,432

[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

December 13, 2023

John Frank
HCA Florida West Hospital
8383 N Davis Hwy
Pensacola, Florida 32514-86088,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11321200**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$392,680 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11321200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$392,680
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$392,680
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$196,340

[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

December 13, 2023

John Frank
HCA Florida Westside Hospital
8201 W Broward Blvd
Plantation, Florida 33324-2701,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11230500**

Dear Mr. Frank:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$979,534 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11230500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$979,534
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$979,534
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$489,768

[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

December 13, 2023

Ben Harris
HCA Florida Woodmont Hospital
7201 N University Dr
Tamarac, Florida 33321-2996,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 11280100**

Dear Mr. Harris:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$560,798 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **11280100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$560,798
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$560,798
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$280,400

[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

December 13, 2023

Mark Doyle, MBA
Holy Cross Hospital
4725 N Federal Hwy
Ft Lauderdale, Florida 33308,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10018800**

Dear Mr. Doyle:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,169,141 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10018800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,169,141
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,169,141
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,084,570

[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

December 13, 2023

Mark Knight
Jackson Health System
1611 Northwest 12th Avenue
Miami, Florida 33136-1096,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10042100**

Dear Mr. Knight:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$16,509,990 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10042100**

Facility Name (current) : **Jackson Health System**

Annual Graduate Medical Education Payment to your facility	(A)	\$16,509,990
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$16,509,990
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$8,254,986

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

December 13, 2023

Alicia Schulhof, MHA, FACHE
Johns Hopkins All Childrens Hospital
501 6th Street South, Dept 2402
Saint Petersburg, Florida 33701-4634,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10151600**

Dear Ms. Schulhof:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$4,396,818 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10151600**

Facility Name (current) : **Johns Hopkins All Childrens Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$4,396,818
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,396,818
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$2,198,410

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

December 13, 2023

Janet Kobis
Lakeland Regional Medical Center
1324 Lakeland Hills Blvd
Lakeland, Florida 33805-4543,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10164800**

Dear Ms. Kobis:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$857,869 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10164800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$857,869
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$857,869
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$428,934

[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

December 13, 2023

Janet D. Moreland, APRN, MSN, LHRM
Lakeside Medical Center
39200 Hooker Highway
Belle Glade, Florida 33430,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10144300**

Dear Ms. Moreland:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$391,861 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10144300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$391,861
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$391,861
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$195,930

[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

December 13, 2023

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

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12005700**

Dear Ms. Perez:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$4,818,742 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12005700**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$4,818,742
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$4,818,742
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$2,409,372

[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

December 13, 2023

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

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10053600**

Dear Mr. Hernandez:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,028,017 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10053600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,028,017
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,028,017
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,514,008

[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

December 13, 2023

Lawrence Antonucci, M.D., MBA
Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10110900**

Dear Dr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$937,360 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10110900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$937,360
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$937,360
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$468,680

[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

December 13, 2023

Tom McDougal
Manatee Memorial Hospital
206 2nd Street East
Bradenton, Florida 34208-1000,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10116800**

Dear Mr. McDougal:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,137,374 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10116800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,137,374
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,137,374
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$568,688

[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

December 13, 2023

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

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10072200**

Dear Dr. Farrugia:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,928,118 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10072200**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,928,118
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,928,118
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,464,060

[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

December 13, 2023

Alexsandra Mullin
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10252100**

Dear Ms. Mullin:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,152,920 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10252100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,152,920
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,152,920
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,076,460

[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

December 13, 2023

Alexsandra Mullin
Memorial Regional Hospital
3501 Johnson Street
Hollywood, Florida 33021-5421,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10020000**

Dear Ms. Mullin:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,517,986 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10020000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,517,986
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,517,986
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,758,994

[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

December 13, 2023

Robert Riordan
Moffitt Cancer Center
12902 Magnolia Dr
Tampa, Florida 33612,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12032400**

Dear Mr. Riordan:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,586,924 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12032400**

Facility Name (current) : **Moffitt Cancer Center**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,586,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,586,924
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,293,462

[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

December 13, 2023

Glenn Davenport Waters
Morton Plant Hospital
300 Pinellas St
Clearwater, Florida 33756-3804,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10158300**

Dear Mr. Waters:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$653,278 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10158300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$653,278
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$653,278
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$326,640

[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

December 13, 2023

Michael Colletti
Morton Plant North Bay Hospital
6600 Madison St
New Port Richey, Florida 34652-1971,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10150800**

Dear Mr. Colletti:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$231,026 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10150800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$231,026
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$231,026
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$115,514

[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

December 13, 2023

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

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10046300**

Dear Mr. Sonenreich:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$5,223,344 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10046300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$5,223,344
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$5,223,344
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$2,611,672

[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

December 13, 2023

Paul Hiltz
Naples Community Hospital
350 7TH ST N
Naples, Florida 34102-5730,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10031500**

Dear Mr. Hiltz:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,424,795 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10031500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,424,795
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,424,795
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$712,398

[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

December 13, 2023

Hal Williams
Nemours Children's Hospital
6535 Nemours Parkway
Orlando, Florida 32827-7884,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 4087600**

Dear Mr. Williams:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,286,154 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **4087600**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,286,154
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,286,154
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,643,078

[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

December 13, 2023

Matthew A. Love
Nicklaus Children's Hospital
3100 Southwest 62nd Avenue
Miami, Florida 33155-3073,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10060900**

Dear Mr. Love:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$3,879,342 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10060900**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$3,879,342
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$3,879,342
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,939,672

[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

December 13, 2023

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

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10133800**

Dear Mr. Strong:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$8,923,789 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10133800**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$8,923,789
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$8,923,789
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$4,461,894

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

December 13, 2023

Tony Gomez
Palmetto General Hospital
2001 West 68th Street
Hialeah, Florida 33016-1801,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10460400**

Dear Mr. Gomez:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$2,221,905 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10460400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$2,221,905
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$2,221,905
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$1,110,952

[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

December 13, 2023

David Verinder
Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, Florida 34239-3555,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10176100**

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,864,435 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10176100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,864,435
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,864,435
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$932,218

[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

December 13, 2023

Dean Cocchi
Shands Jacksonville Medical
655 West 8th Street
Jacksonville, Florida 32209-6596,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10067600**

Dear Mr. Cocchi:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$6,058,794 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10067600**

Facility Name (current) : **Shands Jacksonville Medical**

Annual Graduate Medical Education Payment to your facility	(A)	\$6,058,794
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$6,058,794
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$3,029,396

[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

December 13, 2023

Ana Bovo
Southern Winds Hospital
4225 W 20TH AVE
Hialeah, Florida 33012-5826,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 16949600**

Dear Ms. Bovo:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$261,405 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **16949600**

Facility Name (current) : **Southern Winds Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$261,405
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$261,405
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$130,702

[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

December 13, 2023

Michael Colletti
St. Joseph's Hospital
3001 W DR Martin Luther King JR BLVD
Tampa, Florida 33607-6307,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10097802**

Dear Mr. Colletti:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$581,563 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10097802**

Facility Name (current) : **St. Joseph's Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$581,563
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$581,563
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$290,782

[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

December 13, 2023

Cynthia McCauley
St. Mary's Medical Center
901 45th Street
West Palm Beach, Florida 33407-4119,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10148600**

Dear Ms. McCauley:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,325,951 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10148600**

Facility Name (current) : **St. Mary's Medical Center**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,325,951
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,325,951
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$662,976

[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

December 13, 2023

Priscilla Needham
Tallahassee Memorial Healthcare
1300 Miccosukee Rd
Tallahassee, Florida 32308-5054,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10113300**

Dear Ms. Needham:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$1,776,885 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bobby Jernigan".

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10113300**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$1,776,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$1,776,885
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$888,442

[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

December 13, 2023

Ron Costanzo
Tampa General Hospital
1 Tampa General Cir
Tampa, Florida 33606-3571,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10099400**

Dear Mr. Costanzo:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$7,214,499 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10099400**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$7,214,499
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$7,214,499
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$3,607,250

[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

December 13, 2023

James Kelly
UF Health Shands
1600 Southwest Archer Road
Gainesville, Florida 32610-3001,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10003000**

Dear Mr. Kelly:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$16,091,332 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10003000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$16,091,332
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$16,091,332
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$8,045,666

[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

December 13, 2023

Chairy Fannin
University of Miami Hospital & Clinics
1475 NW 12TH AVE
Miami, Florida 33136,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10047100**

Dear Ms. Fannin:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$11,040,142 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10047100**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$11,040,142
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$11,040,142
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$5,520,072

[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

December 13, 2023

Pam Tahan
Wellington Regional Medical Center
10101 Forest Hill Blvd
West Palm Beach, Florida 33414-6103,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10213000**

Dear Ms. Tahan:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$655,945 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10213000**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$655,945
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$655,945
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$327,972

[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

December 13, 2023

George Rizzuto
West Boca Medical Center
21644 State Rd 7
Boca Raton, Florida 33428-1842,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 12024300**

Dear Mr. Rizzuto:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$325,525 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **12024300**

Facility Name (current) : **West Boca Medical Center**

Annual Graduate Medical Education Payment to your facility	(A)	\$325,525
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$325,525
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$162,762

[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

December 13, 2023

Lourdes Boue
West Kendall Baptist Hospital
9555 SW 162ND CT
Miami, Florida 33196-4930,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 3226500**

Dear Ms. Boue:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$359,587 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **3226500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$359,587
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$359,587
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$179,794

[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

December 13, 2023

Henry Brown
Westchester General Hospital
2500 SW 75TH Ave
Miami, Florida 33155-2805,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10062500**

Dear Mr. Brown:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$387,264 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10062500**

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

Annual Graduate Medical Education Payment to your facility	(A)	\$387,264
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$387,264
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$193,632

[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

December 13, 2023

Michael Colletti
Winter Haven Hospital
200 Ave F NE
Winter Haven, Florida 33881,

**RE: State Fiscal Year 2023 - 2024
First and Second Quarter Statewide Medicaid Residency Payment (GME)
Medicaid Number: 10169900**

Dear Mr. Colletti:

Per Florida Statute (F.S.) 409.909(1), "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 a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2023 - 2024.

The enclosed payment represents 50% of your annual appropriation of \$443,147 for state fiscal year 2023 - 2024. 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 Kiana Redding of my staff at (850) 412- 4274.

Sincerely,

Bobby Jernigan, Senior Management Analyst Supervisor
Bureau of Medicaid Program Finance

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 First & Second Payment

Medicaid Number : **10169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Graduate Medical Education Payment to your facility	(A)	\$443,147
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Graduate Medical Education Payments	(A – B) = (C)	\$443,147
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
Your scheduled Graduate Medical Education Payment [1] [2]	(C x 0.50) = (E)	\$221,574

[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.