



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 142% of your annual appropriation of \$68,322 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 Third Quarter Payment

Medicaid Number : **10094300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$68,322
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)	\$68,322
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$97,356
Q3 Adjustment	(E)	\$-17,081
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$6,426,245 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 Third Quarter Payment

Medicaid Number : **10129000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$6,426,245
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)	\$6,426,245
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,186,990
Q3 Adjustment	(E)	\$26,122
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,632,678

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$905,157 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 Third Quarter Payment

Medicaid Number : **10090100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$905,157
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)	\$905,157
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$445,040
Q3 Adjustment	(E)	\$7,538
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 233,827

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$541,395 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.

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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 Third Quarter Payment

Medicaid Number : **10102800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$541,395
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)	\$541,395
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$284,716
Q3 Adjustment	(E)	\$-14,018
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 121,331

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$700,671 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.

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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 Third Quarter Payment

Medicaid Number : **10073100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$700,671
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)	\$700,671
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$332,454
Q3 Adjustment	(E)	\$17,882
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 193,050

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
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JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,491,833 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 Third Quarter Payment

Medicaid Number : **10076500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,491,833
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)	\$1,491,833
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$735,196
Q3 Adjustment	(E)	\$10,720
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 383,678

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,650,941 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 Third Quarter Payment

Medicaid Number : **10064100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,650,941
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)	\$1,650,941
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,048,204
Q3 Adjustment	(E)	\$-222,734
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 190,001

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,148,584 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 Third Quarter Payment

Medicaid Number : **10156700**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,148,584
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)	\$1,148,584
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$552,800
Q3 Adjustment	(E)	\$21,492
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 308,638

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,253,682 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 Third Quarter Payment

Medicaid Number : **10140100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,253,682
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)	\$1,253,682
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$618,938
Q3 Adjustment	(E)	\$7,904
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 321,325

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,753,502 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 Third Quarter Payment

Medicaid Number : **10141900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,753,502
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)	\$1,753,502
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$580,808
Q3 Adjustment	(E)	\$295,944
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 734,320

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$200,943 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 Third Quarter Payment

Medicaid Number : **29554000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$200,943
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)	\$200,943
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$104,122
Q3 Adjustment	(E)	\$-3,650
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 46,586

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$226,227 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.

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Sincerely,

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

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Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 Third Quarter Payment

Medicaid Number : **12040500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$226,227
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)	\$226,227
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$111,602
Q3 Adjustment	(E)	\$1,512
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 58,069

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$298,502 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.

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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 Third Quarter Payment

Medicaid Number : **10821900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$298,502
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)	\$298,502
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$146,910
Q3 Adjustment	(E)	\$2,342
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 76,968

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,778,484 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 Third Quarter Payment

Medicaid Number : **10012900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,778,484
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)	\$3,778,484
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,537,180
Q3 Adjustment	(E)	\$352,062
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,296,683

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,865,654 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 Third Quarter Payment

Medicaid Number : **10021800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,865,654
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)	\$1,865,654
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$843,742
Q3 Adjustment	(E)	\$89,086
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 555,500

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$614,189 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 Third Quarter Payment

Medicaid Number : **11971700**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$614,189
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)	\$614,189
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$302,030
Q3 Adjustment	(E)	\$5,064
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 158,611

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$578,599 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

BJ:mm
Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Graduate Medical Education - SMRP

State Fiscal Year 2023 – 2024 Third Quarter Payment

Medicaid Number : **688571300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$578,599
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)	\$578,599
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$284,190
Q3 Adjustment	(E)	\$5,110
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 149,760

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,687,405 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 Third Quarter Payment

Medicaid Number : **10220200**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,687,405
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)	\$2,687,405
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,254,390
Q3 Adjustment	(E)	\$89,312
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 761,163

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$77,082 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 Third Quarter Payment

Medicaid Number : **17707300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$77,082
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)	\$77,082
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$37,878
Q3 Adjustment	(E)	\$664
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 19,935

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 95% of your annual appropriation of \$762,198 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 Third Quarter Payment

Medicaid Number : **12009000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$762,198
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)	\$762,198
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$724,530
Q3 Adjustment	(E)	\$-190,550
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$40,646 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 Third Quarter Payment

Medicaid Number : **10354300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$40,646
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)	\$40,646
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$19,844
Q3 Adjustment	(E)	\$480
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 10,642

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$824,263 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 Third Quarter Payment

Medicaid Number : **10184200**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$824,263
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)	\$824,263
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$406,412
Q3 Adjustment	(E)	\$5,720
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 211,786

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,837,913 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 Third Quarter Payment

Medicaid Number : **12037500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,837,913
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)	\$3,837,913
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,840,652
Q3 Adjustment	(E)	\$78,304
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,037,782

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,639,623 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 Third Quarter Payment

Medicaid Number : **11988100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,639,623
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)	\$2,639,623
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,345,070
Q3 Adjustment	(E)	\$-25,258
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 634,648

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,384,494 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 Third Quarter Payment

Medicaid Number : **11021300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,384,494
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)	\$1,384,494
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$659,108
Q3 Adjustment	(E)	\$33,140
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 379,264

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,116,914 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 Third Quarter Payment

Medicaid Number : **11807900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,116,914
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)	\$2,116,914
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,604,144
Q3 Adjustment	(E)	\$-529,229
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$292,226 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 Third Quarter Payment

Medicaid Number : **11980600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$292,226
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)	\$292,226
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$144,132
Q3 Adjustment	(E)	\$1,982
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 75,039

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,826,372 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 Third Quarter Payment

Medicaid Number : **10219900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,826,372
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)	\$1,826,372
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$802,412
Q3 Adjustment	(E)	\$110,774
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 567,367

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,023 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 Third Quarter Payment

Medicaid Number : **11746300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,023
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)	\$3,023
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,478
Q3 Adjustment	(E)	\$34
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 790

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,806,744 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 Third Quarter Payment

Medicaid Number : **10146000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,806,744
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)	\$1,806,744
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$904,246
Q3 Adjustment	(E)	\$-874
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 450,812

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,344,873 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 Third Quarter Payment

Medicaid Number : **12013800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,344,873
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)	\$3,344,873
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,715,024
Q3 Adjustment	(E)	\$-42588
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 793,630

- [1] This payment may be made by check or transferred electronically.
- [2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,638,935 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 Third Quarter Payment

Medicaid Number : **11974100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,638,935
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)	\$2,638,935
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,433,982
Q3 Adjustment	(E)	\$-114514
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 545,220

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$390,699 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 Third Quarter Payment

Medicaid Number : **11969500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$390,699
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)	\$390,699
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$209,646
Q3 Adjustment	(E)	\$-14,296
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 83,379

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$309,413 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 Third Quarter Payment

Medicaid Number : **10193100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$309,413
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)	\$309,413
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$148,094
Q3 Adjustment	(E)	\$6,612
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 83,965

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$138,317 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 Third Quarter Payment

Medicaid Number : **12000601**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$138,317
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)	\$138,317
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$83,764
Q3 Adjustment	(E)	\$-14,606
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 19,973

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,923,888 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 Third Quarter Payment

Medicaid Number : **10862600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,923,888
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)	\$3,923,888
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,264,192
Q3 Adjustment	(E)	\$-302248
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 678,724

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$426,192 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 Third Quarter Payment

Medicaid Number : **11519300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$426,192
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)	\$426,192
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$207,110
Q3 Adjustment	(E)	\$5,986
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 112,534

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,114,687 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 Third Quarter Payment

Medicaid Number : **10459100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,114,687
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)	\$1,114,687
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$551,062
Q3 Adjustment	(E)	\$6,282
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 284,954

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,942,741 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 Third Quarter Payment

Medicaid Number : **12007300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,942,741
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)	\$2,942,741
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,136,196
Q3 Adjustment	(E)	\$335,174
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,070,859

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,240,798 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 Third Quarter Payment

Medicaid Number : **10988600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,240,798
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)	\$3,240,798
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,448,894
Q3 Adjustment	(E)	\$171,506
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 981,706

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,378,214 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 Third Quarter Payment

Medicaid Number : **11174100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,378,214
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)	\$3,378,214
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,075,284
Q3 Adjustment	(E)	\$613,824
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,458,378

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,331,339 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 Third Quarter Payment

Medicaid Number : **10138900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,331,339
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)	\$3,331,339
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,865,272
Q3 Adjustment	(E)	\$-199,602
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 633,233

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 109% of your annual appropriation of \$691,558 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 Third Quarter Payment

Medicaid Number : **12026000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$691,558
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)	\$691,558
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$752,294
Q3 Adjustment	(E)	\$-172,890
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$589,777 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 Third Quarter Payment

Medicaid Number : **12010300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$589,777
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)	\$589,777
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$224,000
Q3 Adjustment	(E)	\$70,888
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 218,332

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$653,595 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 Third Quarter Payment

Medicaid Number : **11997100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$653,595
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)	\$653,595
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$158,504
Q3 Adjustment	(E)	\$168,294
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 331,693

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,384,830 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 Third Quarter Payment

Medicaid Number : **10552000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,384,830
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)	\$1,384,830
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$512,432
Q3 Adjustment	(E)	\$179,984
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 526,192

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$484,863 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 Third Quarter Payment

Medicaid Number : **11321200**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$484,863
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)	\$484,863
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$196,340
Q3 Adjustment	(E)	\$46,092
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 167,308

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,178,627 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 Third Quarter Payment

Medicaid Number : **11230500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,178,627
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)	\$2,178,627
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$489,768
Q3 Adjustment	(E)	\$599,546
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,144,203

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$437,677 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 Third Quarter Payment

Medicaid Number : **11280100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$437,677
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)	\$437,677
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$280,400
Q3 Adjustment	(E)	\$-61,562
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 47,857

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,117,873 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 Third Quarter Payment

Medicaid Number : **10018800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,117,873
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)	\$2,117,873
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,084,570
Q3 Adjustment	(E)	\$-25,634
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 503,834

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$18,085,374 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 Third Quarter Payment

Medicaid Number : **10042100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$18,085,374
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)	\$18,085,374
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$8,254,986
Q3 Adjustment	(E)	\$787,692
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 5,309,031

- [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

March 4, 2024

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
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,875,532 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 Third Quarter Payment

Medicaid Number : **10151600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,875,532
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)	\$3,875,532
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,198,410
Q3 Adjustment	(E)	\$-260,644
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 708,239

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$843,479 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 Third Quarter Payment

Medicaid Number : **10164800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$843,479
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)	\$843,479
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$428,934
Q3 Adjustment	(E)	\$-7,194
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 203,676

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$355,753 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 Third Quarter Payment

Medicaid Number : **10144300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$355,753
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)	\$355,753
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$195,930
Q3 Adjustment	(E)	\$-18,054
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 70,884

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$4,914,459 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 Third Quarter Payment

Medicaid Number : **12005700**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$4,914,459
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)	\$4,914,459
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,409,372
Q3 Adjustment	(E)	\$47,858
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,276,473

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,128,322 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 Third Quarter Payment

Medicaid Number : **10053600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,128,322
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)	\$3,128,322
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,514,008
Q3 Adjustment	(E)	\$50,154
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 832,235

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$946,577 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 Third Quarter Payment

Medicaid Number : **10110900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$946,577
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)	\$946,577
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$468,680
Q3 Adjustment	(E)	\$4,608
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 241,252

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,149,372 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 Third Quarter Payment

Medicaid Number : **10116800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,149,372
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)	\$1,149,372
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$568,688
Q3 Adjustment	(E)	\$5,998
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 293,341

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,685,895 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 Third Quarter Payment

Medicaid Number : **10072200**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,685,895
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)	\$3,685,895
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,464,060
Q3 Adjustment	(E)	\$378,888
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,300,362

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,831,868 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 Third Quarter Payment

Medicaid Number : **10252100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,831,868
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)	\$2,831,868
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,076,460
Q3 Adjustment	(E)	\$339,474
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,047,441

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$3,044,329 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 Third Quarter Payment

Medicaid Number : **10020000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$3,044,329
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)	\$3,044,329
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,758,994
Q3 Adjustment	(E)	\$-236,830
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 524,252

[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

March 4, 2024

Lori Morrison
Moffitt Cancer Center
12902 Magnolia Dr
Tampa, Florida 33612

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

Dear Ms. Morrison:

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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,820,107 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 Third Quarter Payment

Medicaid Number : **12032400**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,820,107
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)	\$2,820,107
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,293,462
Q3 Adjustment	(E)	\$116,592
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 821,619

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$686,515 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 Third Quarter Payment

Medicaid Number : **10158300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$686,515
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)	\$686,515
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$326,640
Q3 Adjustment	(E)	\$16,618
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 188,247

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$234,109 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 Third Quarter Payment

Medicaid Number : **10150800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$234,109
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)	\$234,109
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$115,514
Q3 Adjustment	(E)	\$1,540
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 60,067

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$5,037,314 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 Third Quarter Payment

Medicaid Number : **10046300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$5,037,314
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)	\$5,037,314
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$2,611,672
Q3 Adjustment	(E)	\$-93,014
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,166,315

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,448,612 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 Third Quarter Payment

Medicaid Number : **10031500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,448,612
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)	\$1,448,612
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$712,398
Q3 Adjustment	(E)	\$11,908
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 374,061

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 91% of your annual appropriation of \$1,810,526 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 Third Quarter Payment

Medicaid Number : **4087600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,810,526
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)	\$1,810,526
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,643,078
Q3 Adjustment	(E)	\$-452,632
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$4,458,057 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 Third Quarter Payment

Medicaid Number : **10060900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$4,458,057
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)	\$4,458,057
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,939,672
Q3 Adjustment	(E)	\$289,356
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E) = (F)	\$ 1,403,870

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$8,608,894 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 Third Quarter Payment

Medicaid Number : **10133800**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$8,608,894
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)	\$8,608,894
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$4,461,894
Q3 Adjustment	(E)	\$-157,446
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 1,994,778

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$2,273,769 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 Third Quarter Payment

Medicaid Number : **10460400**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$2,273,769
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)	\$2,273,769
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$1,110,952
Q3 Adjustment	(E)	\$25,932
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 594,374

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,893,473 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 Third Quarter Payment

Medicaid Number : **10176100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,893,473
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)	\$1,893,473
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$932,218
Q3 Adjustment	(E)	\$14,518
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 487,886

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$7,166,574 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 Third Quarter Payment

Medicaid Number : **10067600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$7,166,574
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)	\$7,166,574
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,029,396
Q3 Adjustment	(E)	\$553,889
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 2,345,532

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$266,110 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 Third Quarter Payment

Medicaid Number : **16949600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$266,110
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)	\$266,110
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$130,702
Q3 Adjustment	(E)	\$2,354
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 68,882

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$599,117 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 Third Quarter Payment

Medicaid Number : **10097802**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$599,117
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)	\$599,117
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$290,782
Q3 Adjustment	(E)	\$8,776
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 158,555

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 95% of your annual appropriation of \$699,957 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 Third Quarter Payment

Medicaid Number : **10148600**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$699,957
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)	\$699,957
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$662,976
Q3 Adjustment	(E)	\$-174,989
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$1,850,828 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 Third Quarter Payment

Medicaid Number : **10113300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$1,850,828
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)	\$1,850,828
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$888,442
Q3 Adjustment	(E)	\$36,972
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 499,679

[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

March 4, 2024

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

RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$7,534,135 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 Third Quarter Payment

Medicaid Number : **10099400**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$7,534,135
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)	\$7,534,135
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$3,607,250
Q3 Adjustment	(E)	\$159,818
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 2,043,352

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$16,678,212 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 Third Quarter Payment

Medicaid Number : **10003000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$16,678,212
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)	\$16,678,212
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$8,045,666
Q3 Adjustment	(E)	\$293,440
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 4,462,993

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 85% of your annual appropriation of \$6,497,556 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 Third Quarter Payment

Medicaid Number : **10047100**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$6,497,556
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)	\$6,497,556
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$5,520,072
Q3 Adjustment	(E)	\$-1,624,389
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

- [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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$666,511 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 Third Quarter Payment

Medicaid Number : **10213000**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$666,511
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)	\$666,511
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$327,972
Q3 Adjustment	(E)	\$5,284
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 171,912

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 163% of your annual appropriation of \$99,715 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 Third Quarter Payment

Medicaid Number : **12024300**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$99,715
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)	\$99,715
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$162,762
Q3 Adjustment	(E)	\$-24,929
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 00.00

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$387,308 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 Third Quarter Payment

Medicaid Number : **3226500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$387,308
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)	\$387,308
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$179,794
Q3 Adjustment	(E)	\$13,860
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 110,687

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$448,498 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 Third Quarter Payment

Medicaid Number : **10062500**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$448,498
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)	\$448,498
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$193,632
Q3 Adjustment	(E)	\$30,618
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 142,743

[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

March 4, 2024

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

**RE: State Fiscal Year 2023 - 2024
Third 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.

This payment, in addition to previous payments, represents 75% of your annual appropriation of \$533,264 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 Third Quarter Payment

Medicaid Number : **10169900**

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

Revised Annual Graduate Medical Education Payment to your facility	(A)	\$533,264
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)	\$533,264
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$221,574
Q3 Adjustment	(E)	\$45,058
Your scheduled 3rd Quarter Graduate Medical Education Payment [1] [2]	(C x .25) + (E)=(F)	\$ 178,374

[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.