



RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

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

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 12037500**

Dear Mr. Zeeger:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,451,507.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

2727 Mahan Drive • Mail Stop #23
Tallahassee, FL 32308
AHCA.MyFlorida.com



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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **12037500**

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

Annual Public IME distribution to your facility	(A)	\$1,451,507.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$1,451,507.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,451,507.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Yvonne Mitchell
BRANDON REGIONAL HOSPITAL
119 Oakfield Dr
Brandon, Florida 3311-5779

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 11807900**

Dear Mr. Mitchell:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,856,649.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Staci Griffis", with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **11807900**

Facility Name (current) : **BRANDON REGIONAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$3,856,649.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$3,856,649.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,856,649.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Conor Delaney, MD., Ph.D.
CLEVELAND CLINIC HOSPITAL
3100 Weston Rd
Weston, Florida 33331-3655

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10220200**

Dear Mr. Delaney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$390,616.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10220200**

Facility Name (current) : **CLEVELAND CLINIC HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$390,616.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$390,616.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$390,616.00

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

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Lorri Morrison
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL
12902 Magnolia Dr
Tampa, Florida 33612

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 12032400**

Dear Mr. Morrison:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,332,850.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **12032400**

Facility Name (current) : **H LEE MOFFITT CANCER CENTER & RESEARCH
INSTITUTE HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$1,332,850.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$1,332,850.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,332,850.00

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

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Brandon Haushalter
KENDALL REGIONAL MEDICAL CENTER
11750 SW 40TH ST
Miami, Florida 33175-3530

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 12013800**

Dear Mr. Haushalter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,715,601.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **12013800**

Facility Name (current) : **KENDALL REGIONAL MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$3,715,601.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$3,715,601.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,715,601.00

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SHEVAUN HARRIS
SECRETARY

April 8, 2025

John Frank
LARGO MEDICAL CENTER
201 14TH ST SW
Largo, Florida 33770-3133

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 11974100**

Dear Mr. Frank:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,876,384.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **11974100**

Facility Name (current) : **LARGO MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$1,876,384.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$1,876,384.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,876,384.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Gianrico Farrugia, MD.
MAYO CLINIC
4500 San Pablo Rd S
Jacksonville, Florida 32224-1865

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10072200**

Dear Mr. Farrugia:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$210,559.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10072200**

Facility Name (current) : **MAYO CLINIC**

Annual Public IME distribution to your facility	(A)	\$210,559.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$210,559.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$210,559.00

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

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Eric Lawson
NORTH FLORIDA REGIONAL MEDICAL CENTER
6500 W Newberry Rd
Gainesville, Florida 32605-4309

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10862600**

Dear Mr. Lawson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,539,046.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10862600**

Facility Name (current) : **NORTH FLORIDA REGIONAL MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$2,539,046.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$2,539,046.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,539,046.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

John Frank
OAK HILL HOSPITAL
11375 Cortez Blvd
Spring Hill, Florida 34613-5409

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 12007300**

Dear Mr. Frank:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,504,071.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **12007300**

Facility Name (current) : **OAK HILL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$1,504,071.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$1,504,071.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,504,071.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

John Frank
OCALA REGIONAL MEDICAL CENTER
1431 SW 1ST AVE
Ocala, Florida 34471-6500

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10988600**

Dear Mr. Frank:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,643,978.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10988600**

Facility Name (current) : **OCALA REGIONAL MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$1,643,978.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$1,643,978.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,643,978.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

John Frank
OSCEOLA REGIONAL MEDICAL CENTER
700 Oak St
Kissimmee, Florida 34741-4924

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10138900**

Dear Mr. Frank:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,812,274.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10138900**

Facility Name (current) : **OSCEOLA REGIONAL MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$2,812,274.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$2,812,274.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,812,274.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

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

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 11988100**

Dear Mr. Temple:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$1,247,124.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **11988100**

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

Annual Public IME distribution to your facility	(A)	\$1,247,124.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$1,247,124.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$1,247,124.00

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



RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

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

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 11174100**

Dear Mr. Frank:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,018,602.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **11174100**

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

Annual Public IME distribution to your facility	(A)	\$3,018,602.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$3,018,602.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,018,602.00

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



RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Shane Strum
BROWARD HEALTH CORAL SPRINGS
3000 Coral Hill Drive
Coral Springs, FL 33076

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 12040500**

Dear Mr. Strum:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$178,790.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

2727 Mahan Drive • Mail Stop #23
Tallahassee, FL 32308
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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **12040500**

Facility Name (current) : **BROWARD HEALTH CORAL SPRINGS**

Annual Public IME distribution to your facility	(A)	\$178,790.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$178,790.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$178,790.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Heather Havericak
BROWARD HEALTH MEDICAL CENTER
1608 SE 3RD AVE
Ft. Lauderdale, Florida 33316

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10012900**

Dear Mr. Havericak:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$37,689,229.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10012900**

Facility Name (current) : **BROWARD HEALTH MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$37,689,229.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$37,689,229.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$37,689,229.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Jeff Feasel
HALIFAX HEALTH MEDICAL CENTER
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10184200**

Dear Mr. Feasel:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,254,639.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10184200**

Facility Name (current) : **HALIFAX HEALTH MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$3,254,639.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$3,254,639.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,254,639.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Janet D. Moreland, APRN, MSN, LHRM
LAKESIDE MEDICAL CENTER
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10144300**

Dear Mr. Moreland:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,196,807.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10144300**

Facility Name (current) : **LAKESIDE MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$2,196,807.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$2,196,807.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,196,807.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Lawrence Antonucci, M.D., MBA
LEE MEMORIAL HOSPITAL
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10110900**

Dear Mr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$7,014,801.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10110900**

Facility Name (current) : **LEE MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$7,014,801.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$7,014,801.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$7,014,801.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Alexsandra Mullin
MEMORIAL HOSPITAL WEST
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10252100**

Dear Mr. Mullin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$214,835.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10252100**

Facility Name (current) : **MEMORIAL HOSPITAL WEST**

Annual Public IME distribution to your facility	(A)	\$214,835.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$214,835.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$214,835.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Alexsandra Mullin
MEMORIAL REGIONAL HOSPITAL
3501 Johnson Street
Hollywood, Florida 33021-5421

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10020000**

Dear Mr. Mullin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,256,225.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
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Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10020000**

Facility Name (current) : **MEMORIAL REGIONAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$2,256,225.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$2,256,225.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,256,225.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

David Verinder
SARASOTA MEMORIAL HOSPITAL
1700 South Tamiami Trail
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10176100**

Dear Mr. Verinder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$7,490,802.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10176100**

Facility Name (current) : **SARASOTA MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$7,490,802.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$7,490,802.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$7,490,802.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Renee Stahler
BROWARD HEALTH IMPERIAL POINT
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10821900**

Dear Mr. Stahler:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$48,594.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10821900**

Facility Name (current) : **BROWARD HEALTH IMPERIAL POINT**

Annual Public IME distribution to your facility	(A)	\$48,594.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$48,594.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$48,594.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Renee Stahler
BROWARD HEALTH NORTH
201 East Sample Road
Deerfield Beach, FL 33064

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10021800**

Dear Mr. Stahler:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$3,677,348.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10021800**

Facility Name (current) : **BROWARD HEALTH NORTH**

Annual Public IME distribution to your facility	(A)	\$3,677,348.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$3,677,348.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$3,677,348.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Alicia Schulhof, MHA, FACHE
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL
501 6th Street South, Dept 2402
Saint Petersburg, Florida 33701-4634

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10151600**

Dear Mr. Schulhof:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$5,895,908.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10151600**

Facility Name (current) : **JOHNS HOPKINS ALL CHILDREN'S HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$5,895,908.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$5,895,908.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$5,895,908.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Hal Williams
NEMOURS CHILDRENS HOSPITAL
6535 Nemours Parkway
Orlando, Florida 32827-7884

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 4087600**

Dear Mr. Williams:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$5,532,420.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **4087600**

Facility Name (current) : **NEMOURS CHILDRENS HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$5,532,420.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$5,532,420.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$5,532,420.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Matthew A. Love
NICKLAUS CHILDREN'S HOSPITAL
3100 Southwest 62nd Avenue
Miami, Florida 33155-3073

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10060900**

Dear Mr. Love:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$13,994,107.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10060900**

Facility Name (current) : **NICKLAUS CHILDREN'S HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$13,994,107.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$13,994,107.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$13,994,107.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

John A. Moore
BAYFRONT HEALTH ST PETERSBURG
701 6th Street South
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10156700**

Dear Mr. Moore:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$341,687.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to be "Staci Griffis", with a long, sweeping horizontal line extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10156700**

Facility Name (current) : **BAYFRONT HEALTH ST PETERSBURG**

Annual Public IME distribution to your facility	(A)	\$341,687.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$341,687.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$341,687.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Jalima Trank
SACRED HEART HOSPITAL
5151 North 9th Avenue
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10076500**

Dear Mr. Trank:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$651,104.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10076500**

Facility Name (current) : **SACRED HEART HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$651,104.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$651,104.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$651,104.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Doug Harcombe
ADVENTHEALTH ORLANDO
900 Winderley Place Ste 2200
Maitland, Florida 32751-4191

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10129000**

Dear Mr. Harcombe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$7,543,229.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10129000**

Facility Name (current) : **ADVENTHEALTH ORLANDO**

Annual Public IME distribution to your facility	(A)	\$7,543,229.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$7,543,229.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$7,543,229.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Steven Sonnenreich
MOUNT SINAI MEDICAL CENTER
4300 Alton Rd
Miami Beach, Florida 33140-2948

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10046300**

Dear Mr. Sonnenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$2,406,343.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10046300**

Facility Name (current) : **MOUNT SINAI MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$2,406,343.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$2,406,343.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$2,406,343.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

David Strong
ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$17,339,182.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10133800**

Facility Name (current) : **ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER**

Annual Public IME distribution to your facility	(A)	\$17,339,182.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$17,339,182.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$17,339,182.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Ron Costanzo
TAMPA GENERAL HOSPITAL
1 Tampa General Cir
Tampa, Florida 33606-3571

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10099400**

Dear Mr. Costanzo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$17,939,906.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10099400**

Facility Name (current) : **TAMPA GENERAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$17,939,906.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$17,939,906.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$17,939,906.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Charity Fannin
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-UHEALTH TOWER
1475 NW 12TH AVE
Miami, Florida 33136

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10047100**

Dear Mr. Fannin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$4,719,078.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10047100**

Facility Name (current) : **UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-
UHEALTH TOWER**

Annual Public IME distribution to your facility	(A)	\$4,719,078.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$4,719,078.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$4,719,078.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Mark Knight
JACKSON MEMORIAL HOSPITAL
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10042100**

Dear Mr. Knight:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10042100**

Facility Name (current) : **JACKSON MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Mark Knight
JACKSON MEMORIAL HOSPITAL
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10042102**

Dear Mr. Knight:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10042102**

Facility Name (current) : **JACKSON MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Mark Knight
JACKSON MEMORIAL HOSPITAL
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10042103**

Dear Mr. Knight:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10042103**

Facility Name (current) : **JACKSON MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Mark Knight
JACKSON MEMORIAL HOSPITAL
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10042105**

Dear Mr. Knight:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
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Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10042105**

Facility Name (current) : **JACKSON MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Mark Knight
JACKSON MEMORIAL HOSPITAL
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10042107**

Dear Mr. Knight:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$22,364,758.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10042107**

Facility Name (current) : **JACKSON MEMORIAL HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$22,364,758.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$22,364,758.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$22,364,758.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

James Kelly
UF HEALTH SHANDS HOSPITAL
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10003000**

Dear Mr. Kelly:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

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Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10003000**

Facility Name (current) : **UF HEALTH SHANDS HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

James Kelly
UF HEALTH SHANDS HOSPITAL
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10003001**

Dear Mr. Kelly:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to be "Staci Griffis", with a long, sweeping horizontal line extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:

2727 Mahan Drive • Mail Stop #23
Tallahassee, FL 32308
AHCA.MyFlorida.com



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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10003001**

Facility Name (current) : **UF HEALTH SHANDS HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

James Kelly
UF HEALTH SHANDS HOSPITAL
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10003002**

Dear Mr. Kelly:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10003002**

Facility Name (current) : **UF HEALTH SHANDS HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

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

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

James Kelly
UF HEALTH SHANDS HOSPITAL
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10003003**

Dear Mr. Kelly:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$48,567,677.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

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Staci Griffis, Acting Bureau Chief
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Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10003003**

Facility Name (current) : **UF HEALTH SHANDS HOSPITAL**

Annual Public IME distribution to your facility	(A)	\$48,567,677.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$48,567,677.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$48,567,677.00

[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

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Dean Cocchi
UF HEALTH JACKSONVILLE
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10067600**

Dear Mr. Cocchi:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$65,000,000.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

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Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10067600**

Facility Name (current) : **UF HEALTH JACKSONVILLE**

Annual Public IME distribution to your facility	(A)	\$65,000,000.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$65,000,000.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$65,000,000.00

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

Dean Cocchi
UF HEALTH JACKSONVILLE
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number: 10067608**

Dear Mr. Cocchi:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation of \$36,880,957.00 for state fiscal year 2024-2025. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Enclosure:

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number : **10067608**

Facility Name (current) : **UF HEALTH JACKSONVILLE**

Annual Public IME distribution to your facility	(A)	\$36,880,957.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	\$36,880,957.00
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	\$36,880,957.00

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

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RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2025

**RE: State Fiscal Year 2024-2025
Annual Indirect Medical Education Payment
Medicaid Number:**

Dear Mr. :

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Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Indirect Medical Education Payment

State Fiscal Year 2024-2025 Annual Payment

Medicaid Number :

Facility Name (current) :

Annual Public IME distribution to your facility	(A)	
Amount being withheld from distribution in anticipation of funding reductions	(B)	0.00
Total of your facility's scheduled IME Distribution	(C)	
Total of your IME Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Public IME Payment [1] [2]	(C - D) = (E)	

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