



RON DESANTIS  
GOVERNOR

SHEVAUN HARRIS  
SECRETARY

April 8, 2025

Chris Sauder  
AdventHealth Carrollwood  
7171 Dale Mabry Hwy  
Tampa, Florida 33614-2665

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10094300**

Dear Mr. Sauder:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$40,250.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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State of Florida  
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Medicaid Program Finance

Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10094300**

Annual Graduate Medical Education Payment to your facility	(A)	\$40,250
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$40,250</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$20,126</b>

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

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

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



**RON DESANTIS**  
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**SHEVAUN HARRIS**  
**SECRETARY**

April 8, 2025

Brian Adams  
AdventHealth Orlando  
601 East Rollins Street  
Orlando, Florida 32803

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10129000**

Dear Mr. Adams:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$6,242,907.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10129000**

Annual Graduate Medical Education Payment to your facility	(A)	\$6,242,907
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$6,242,907</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$3,121,454</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10090100**

Dear Mr. Dunkel:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$968,874.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10090100**

Annual Graduate Medical Education Payment to your facility	(A)	\$968,874
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$968,874
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) = (E)	<b>\$484,436</b>

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

[1] 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

Tyson Davis  
AdventHealth Tampa  
3100 E Fletcher Ave  
Tampa, Florida 33613-4613

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10102800**

Dear Mr. Davis:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$532,287.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10102800**

Annual Graduate Medical Education Payment to your facility	(A)	\$532,287
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$532,287</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$266,144</b>

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

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

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





**RON DESANTIS**  
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**SHEVAUN HARRIS**  
**SECRETARY**

April 8, 2025

Jalima Trank  
Ascension Sacred Heart - Pensacola  
1 Shircliff Way  
Jacksonville,, Florida 32204

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10076500**

Dear Ms. Trank:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,527,171.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10076500**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,527,171
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,527,171</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$763,586</b>

Facility Name (current) : **Ascension Sacred Heart - Pensacola**

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

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



**RON DESANTIS**  
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**SECRETARY**

April 8, 2025

Don King  
Baptist Hospital  
5151 North 9th Avenue  
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10035800**

Dear Mr. King:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$198,454.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10035800**

Annual Graduate Medical Education Payment to your facility	(A)	\$198,454
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$198,454</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$99,228</b>

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

[1] 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

Bill Ulbricht  
Baptist Medical Center  
8900 N Kendall Dr.  
Miami, Florida 33176

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10064100**

Dear Mr. Ulbricht:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,551,405.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10064100**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,551,405
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,551,405</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$775,702</b>

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

[1] 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

Michael Mayo  
Bayfront Health St. Petersburg  
800 Prudential Drive  
Jacksonville, Florida 32207-8202

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10156700**

Dear Mr. Mayo:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,063,853.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10156700**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,063,853
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,063,853</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$531,926</b>

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

[1] 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 Miller  
Bethesda Hospital East  
701 6th Street South  
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10140100**

Dear Mr. Miller:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,192,623.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10140100**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,192,623
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,192,623</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$596,312</b>

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

[1] 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

Jared Smith  
Boca Raton Regional Hospital  
2815 S Seacrest Blvd  
Boynton Beach, Florida 33435-7934

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10141900**

Dear Mr. Smith:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,634,596.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10141900**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,634,596
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,634,596</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$817,298</b>

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

[1] 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

Lincoln S. Mendez  
Borinquen Medical Centers  
800 Meadows Rd  
Boca Raton, Florida 33486

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 29554000**

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$93,510.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **29554000**

Annual Graduate Medical Education Payment to your facility	(A)	\$93,510
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$93,510</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$46,756</b>

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

[1] 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

Paul Carl Velez  
Broward Health Coral Springs  
3601 Federal Hwy  
Miami, Florida 33137-3795

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12040500**

Dear Mr. Velez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$220,584.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12040500**

Annual Graduate Medical Education Payment to your facility	(A)	\$220,584
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$220,584</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$110,292</b>

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

[1] 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

Kristen Bowman  
Broward Health Imperial Point  
3000 Coral Hill Drive  
Coral Springs, Florida 33076

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10821900**

Dear Ms. Bowman:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$309,386.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10821900**

Annual Graduate Medical Education Payment to your facility	(A)	\$309,386
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$309,386</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$154,694</b>

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

[1] 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

Calvin Glidewell  
Broward Health Medical Center  
6401 North Federal Highway  
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10012901**

Dear Mr. Glidewell:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,760,330.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10012901**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,760,330
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,760,330</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,880,164</b>

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

[1] 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

Manuel Linares  
Broward Health North  
1608 SE 3RD AVE  
Ft. Lauderdale, Florida 33316

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10021800**

Dear Mr. Linares:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,001,407.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10021800**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,001,407
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,001,407</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,000,704</b>

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

[1] 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 K. Garner  
Cape Coral Hospital  
201 East Sample Road  
Deerfield Beach, Florida 33064

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11971700**

Dear Mr. Garner:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$793,188.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11971700**

Annual Graduate Medical Education Payment to your facility	(A)	\$793,188
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$793,188</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$396,594</b>

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

[1] 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  
Citrus Health Network, Inc.  
636 Del Prado Boulevard  
Cape Coral, Florida 33990-2695

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 688571300**

Dear Mr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$388,427.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **688571300**

Annual Graduate Medical Education Payment to your facility	(A)	\$388,427
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$388,427</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$194,214</b>

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

[1] 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

Mario Jordan, LCSW  
Cleveland Clinic Hospital - Weston  
4175 W 20th Ave  
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10220200**

Dear Mr. Jordan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,422,228.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10220200**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,422,228
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,422,228</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,211,114</b>

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

[1] 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

Fredrick Scott Ross  
Community Health Centers of Pinellas d/ba/ Evara Health  
2950 Cleveland Clinic Blvd.  
Weston, Florida 33331-3655

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 60638308**

Dear Dr. Ross:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$95,309.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **60638308**

Annual Graduate Medical Education Payment to your facility	(A)	\$95,309
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$95,309</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$47,654</b>

Facility Name (current) : **Community Health Centers of Pinellas d/ba/ Evara Health**

[1] 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  
Community Health of South Florida  
5352 Linton, Blvd  
Delray Beach, Florida 33484-6514

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 29572800**

Dear Ms. Havericak:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$57,222.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **29572800**

Annual Graduate Medical Education Payment to your facility	(A)	\$57,222
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$57,222</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$28,610</b>

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

[1] 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

Elodie Dorso  
Delray Medical Center  
14100 58th Street North  
Clearwater, Florida 33760

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12009000**

Dear Ms. Dorso:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$951,180.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12009000**

Annual Graduate Medical Education Payment to your facility	(A)	\$951,180
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$951,180</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$475,590</b>

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

[1] 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

Blake Hall  
Doctors Hospital  
10300 SW 216TH ST  
Miami, Florida 33190

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10354300**

Dear Mr. Hall:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$31,762.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10354300**

Annual Graduate Medical Education Payment to your facility	(A)	\$31,762
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$31,762</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$15,882</b>

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

[1] 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

Lourdes Boue  
Halifax Hospital Medical Center  
500 University Dr  
Coral Gables, Florida 33146-2008

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10184200**

Dear Mr. Boue:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$689,746.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10184200**

Annual Graduate Medical Education Payment to your facility	(A)	\$689,746
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$689,746</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$344,874</b>

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

[1] 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  
HCA Florida Aventura Hospital  
303 North Clyde Morris Boulevard  
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 12037500**

Dear Mr. Feasel:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,725,322.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12037500**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,725,322
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,725,322</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,862,660</b>

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

[1] 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 Lemonte  
HCA Florida Bayonet Point Hospital  
20900 Biscayne Blvd  
Aventura, Florida 33180-1407

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11988100**

Dear Mr. Lemonte:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,716,410.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11988100**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,716,410
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,716,410</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,358,204</b>

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

[1] 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

Sally Seymour  
HCA Florida Blake Hospital  
14000 Fivay Rd  
Hudson, Florida 34667-7103

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11021300**

Dear Ms. Seymour:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,107,817.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11021300**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,107,817
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,107,817</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,053,908</b>

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

[1] 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

Steve Young  
HCA Florida Brandon Hospital  
2020-59th St West  
Bradenton, Florida 34209

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11807900**

Dear Mr. Young:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,511,312.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11807900**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,511,312
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,511,312</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,755,656</b>

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

[1] 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

Thomas Dock Owings  
HCA Florida Capital Hospital  
119 Oakfield Dr  
Brandon, Florida 3311-5779

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11980600**

Dear Mr. Owings:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$328,880.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11980600**

Annual Graduate Medical Education Payment to your facility	(A)	\$328,880
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$328,880</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$164,440</b>

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

[1] 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

Francisci Thai  
HCA Florida Citrus Hospital  
2626 Capital Medical Blvd  
Tallahassee, Florida 32308-4499

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10219900**

Dear Ms. Thai:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,789,446.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10219900**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,789,446
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,789,446</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$894,724</b>

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

[1] 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

Lisa Nummi  
HCA Florida JFK Hospital  
502 W Highland Blvd  
Inverness, Florida 34452-4754

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10146000**

Dear Ms. Nummi:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,003,088.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10146000**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,003,088
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,003,088</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,001,544</b>

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

[1] 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

Kenneth West  
HCA Florida Kendall Hospital  
5301 South Congress Ave  
Atlantis, Florida 33462

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 12013800**

Dear Mr. West:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,415,433.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12013800**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,415,433
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,415,433</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,707,716</b>

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

[1] 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

Ben Harris  
HCA Florida Largo Hospital  
11750 SW 40TH ST  
Miami, Florida 33175-3530

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11974100**

Dear Mr. Harris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,834,381.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11974100**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,834,381
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,834,381</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,417,190</b>

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

[1] 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

Sebastian Storm  
HCA Florida Lawnwood Hospital  
201 14TH ST SW  
Largo, Florida 33770-3133

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11969500**

Dear Dr. Storm:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$356,992.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11969500**

Annual Graduate Medical Education Payment to your facility	(A)	\$356,992
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$356,992</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$178,496</b>

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

[1] 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

Eric Goldman  
HCA Florida Memorial Hospital  
201 14th S. SW  
Fort Pierce, Florida 34950-4803

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10193100**

Dear Mr. Goldman:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$263,668.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Medicaid Program Finance

Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10193100**

Annual Graduate Medical Education Payment to your facility	(A)	\$263,668
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$263,668</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$131,834</b>

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

[1] 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

Reed Hammond  
HCA Florida Mercy Hospital  
3625 University Blvd S  
Jacksonville, Florida 32216-4207

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12000600**

Dear Mr. Hammond:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$136,707.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12000600**

Annual Graduate Medical Education Payment to your facility	(A)	\$136,707
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$136,707</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$68,354</b>

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

[1] 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

Allyssa Tobitt  
HCA Florida North Florida Hospital  
3663 S. Miani Ave  
Miami, Florida 33133

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10862600**

Dear Ms. Tobitt:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,859,385.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10862600**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,859,385
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,859,385</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,929,692</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 11519300**

Dear Mr. Lawson:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$707,593.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11519300**

Annual Graduate Medical Education Payment to your facility	(A)	\$707,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$707,593</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$353,796</b>

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

[1] 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

Philip Marchesini  
HCA Florida Northwest Hospital  
6000 49TH ST N  
Saint Petersburg, Florida 33709-2114

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10459100**

Dear Mr. Marchesini:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$900,396.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10459100**

Annual Graduate Medical Education Payment to your facility	(A)	\$900,396
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$900,396</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$450,198</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 12007300**

Dear Mr. Jones:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,011,215.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12007300**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,011,215
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,011,215</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,505,608</b>

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

[1] 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

Kenneth R. Wicker  
HCA Florida Ocala Hospital  
11375 Cortez Blvd  
Brooksville, Florida 34613-5409

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10988600**

Dear Mr. Wicker:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,353,903.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10988600**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,353,903
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,353,903</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,676,952</b>

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

[1] 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

Alan B. Keessee  
HCA Florida Orange Park Hospital  
1431 SW 1ST AVE  
Ocala, Florida 34471-6500

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11174100**

Dear Mr. Keessee:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,264,460.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11174100**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,264,460
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,264,460</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,632,230</b>

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

[1] 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

Jeffery J. Taylor  
HCA Florida Osceola Hospital  
2001 Kingsley Ave  
Orange Park, Florida 32073

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10138900**

Dear Mr. Taylor:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,288,068.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10138900**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,288,068
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,288,068</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,644,034</b>

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

[1] 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 Shimp  
HCA Florida Palms West Hospital  
700 West Oak Street  
Kissimmee, Florida 34741-4924

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12026000**

Dear Mr. Shimp:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$681,636.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12026000**

Annual Graduate Medical Education Payment to your facility	(A)	\$681,636
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$681,636</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$340,818</b>

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

[1] 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

Jason L. Kimbrell  
HCA Florida St. Lucie Hospital  
13001 Southern Boulevard  
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 11997100**

Dear Mr. Kimbrell:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$751,660.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11997100**

Annual Graduate Medical Education Payment to your facility	(A)	\$751,660
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$751,660</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$375,830</b>

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

[1] 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

Brent Burish  
HCA Florida St. Petersburg Hospital  
6500 38TH AVE N  
St Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12010300**

Dear Mr. Burish:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$522,776.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12010300**

Annual Graduate Medical Education Payment to your facility	(A)	\$522,776
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$522,776</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$261,388</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10552000**

Dear Mr. Lovelace:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,209,426.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10552000**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,209,426
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,209,426</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,104,714</b>

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

[1] 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

Mike Irvin  
HCA Florida West Hospital  
9330 State Rd 54  
Trinity, Florida 34655-1808

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 11321200**

Dear Mr. Irvin:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$510,519.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11321200**

Annual Graduate Medical Education Payment to your facility	(A)	\$510,519
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$510,519</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$255,260</b>

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

[1] 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

Gabriel J. Bullaro  
HCA Florida West Tampa Hospital  
8383 N Davis Hwy  
Pensacola, Florida 32514-86088

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 11279800**

Dear Mr. Bullaro:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,681.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11279800**

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

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

[1] 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

Earl Ned Hill  
HCA Florida Westside Hospital  
6001 Webb Road  
Tampa, Florida 33615

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11230500**

Dear Mr. Hill:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,283,894.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11230500**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,283,894
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,283,894</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,141,946</b>

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

[1] 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

Matt Hughes  
HCA Florida Woodmont Hospital  
8201 W Broward Blvd  
Plantation, Florida 33324-2701

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 11280100**

Dear Mr. Hughes:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$48,208.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **11280100**

Annual Graduate Medical Education Payment to your facility	(A)	\$48,208
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$48,208</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$24,104</b>

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

[1] 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

Brad Lain  
Holy Cross Hospital  
7201 N University Dr  
Tamarac, Florida 33321-2996

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10018800**

Dear Mr. Lain:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,041,099.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10018800**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,041,099
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,041,099</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,020,550</b>

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

[1] 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 Doyle, MBA  
Jackson Health System  
4725 N Federal Hwy  
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10042100**

Dear Mr. Doyle:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$16,001,342.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10042100**

Annual Graduate Medical Education Payment to your facility	(A)	\$16,001,342
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$16,001,342</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$8,000,672</b>

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

[1] 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

Carlos Migoya  
Jacksonville Medical Center DBA UF Health Jacksonville  
1611 Northwest 12th Avenue  
Miami, Florida 33136-1096

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10067600**

Dear Mr. Migoya:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$7,636,015.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10067600**

Annual Graduate Medical Education Payment to your facility	(A)	\$7,636,015
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$7,636,015</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$3,818,008</b>

Facility Name (current) : **Jacksonville Medical Center DBA UF Health Jacksonville**

[1] 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

Sherron Rogers  
Johns Hopkins All Children's Hospital  
501 6th Street South, Dept 2402  
Saint Petersburg, Florida 33701-4634

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10151600**

Dear Ms. Rogers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,875,807.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10151600**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,875,807
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,875,807</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,437,904</b>

Facility Name (current) : **Johns Hopkins All Children's Hospital**

[1] 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

Danielle Drummond  
Lakeland Regional Medical Center  
1324 Lakeland Hills Blvd  
Lakeland, Florida 33805-4543

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10164800**

Dear Ms. Drummond:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$914,743.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10164800**

Annual Graduate Medical Education Payment to your facility	(A)	\$914,743
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$914,743</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$457,372</b>

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

[1] 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**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10144300**

Dear Ms. Moreland:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$345,984.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10144300**

Annual Graduate Medical Education Payment to your facility	(A)	\$345,984
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$345,984</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$172,992</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12005700**

Dear Mr. Torres:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$5,157,894.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12005700**

Annual Graduate Medical Education Payment to your facility	(A)	\$5,157,894
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$5,157,894</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$2,578,946</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10053600**

Dear Mr. Hernandez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,933,129.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10053600**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,933,129
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,933,129</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,466,564</b>

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

[1] 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  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10110900**

Dear Dr. Antonucci:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$963,087.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10110900**

Annual Graduate Medical Education Payment to your facility	(A)	\$963,087
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$963,087</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$481,544</b>

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

[1] 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

Josh Moore  
Manatee Memorial Hospital  
206 2nd Street East  
Bradenton, Florida 34208-1000

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10116800**

Dear Mr. Moore:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,143,810.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10116800**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,143,810
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,143,810</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$571,904</b>

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

[1] 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

Kent Thieien  
Mayo Clinic Florida  
4500 San Pablo Rd S  
Jacksonville, Florida 32224-1865

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10072200**

Dear Dr. Thieien:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,823,315.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10072200**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,823,315
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,823,315</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,911,658</b>

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

[1] 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

Steve Demers  
Memorial Hospital Miramar  
1901 SW 172 Avenue  
Miramar, Florida 33029

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10345400**

Dear Mr. Demers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$78,046.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10345400**

Annual Graduate Medical Education Payment to your facility	(A)	\$78,046
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$78,046</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$39,022</b>

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

[1] 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

Felicia Turnley  
Memorial Hospital Pembroke  
7800 Sheridan Street  
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10222900**

Dear Ms. Turnley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$99,978.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10222900**

Annual Graduate Medical Education Payment to your facility	(A)	\$99,978
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$99,978</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$49,988</b>

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

[1] 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

Joseph Stuczynski  
Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10252100**

Dear Mr. Stuczynski:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,487,509.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10252100**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,487,509
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,487,509</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,243,754</b>

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

[1] 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

Steve Demers  
Memorial Regional Hospital  
3501 Johnson Street  
Hollywood, Florida 33021-5421

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10020000**

Dear Mr. Demers:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,278,535.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10020000**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,278,535
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,278,535</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,639,268</b>

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

[1] 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

Joanna Weiss  
Moffitt Cancer Center  
12902 Magnolia Dr  
Tampa, Florida 33612

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 12032400**

Dear Ms. Weiss:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,524,625.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12032400**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,524,625
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,524,625</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,262,312</b>

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

[1] 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 Haislip  
Morton Plant Hospital  
300 Pinellas St  
Clearwater, Florida 33756-3804

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10158300**

Dear Mr. Haislip:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$651,470.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10158300**

Annual Graduate Medical Education Payment to your facility	(A)	\$651,470
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$651,470</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$325,734</b>

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

[1] 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 Haislip  
Morton Plant North Bay Hospital  
6600 Madison St  
New Port Richey, Florida 34652-1971

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10150800**

Dear Mr. Haislip:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$220,749.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10150800**

Annual Graduate Medical Education Payment to your facility	(A)	\$220,749
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$220,749</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$110,374</b>

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

[1] 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

Alex Mendez  
Mt Sinai Medical Center  
4300 Alton Rd  
Miami Beach, Florida 33140-29484

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10046300**

Dear Mr. Mendez:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$4,892,933.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10046300**

Annual Graduate Medical Education Payment to your facility	(A)	\$4,892,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$4,892,933</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$2,446,466</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10031500**

Dear Mr. Hiltz:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,550,778.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10031500**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,550,778
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,550,778</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$775,388</b>

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

[1] 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

Rodney A. McKendree  
Nemours Children's Hospital  
6535 Nemours Parkway  
Orlando, Florida 32827-7884

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 4087600**

Dear Mr. McKendree:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,009,236.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **4087600**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,009,236
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,009,236</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,004,618</b>

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

[1] 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  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10060900**

Dear Mr. Love:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$3,620,693.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10060900**

Annual Graduate Medical Education Payment to your facility	(A)	\$3,620,693
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$3,620,693</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,810,346</b>

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

[1] 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 Miller  
Orlando Health  
52 W. Underwood Street  
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10133800**

Dear Mr. Miller:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$8,388,215.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10133800**

Annual Graduate Medical Education Payment to your facility	(A)	\$8,388,215
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$8,388,215</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$4,194,108</b>

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

[1] 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

Erika Ledezma  
Palmetto General Hospital  
2001 West 68th Street  
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10460400**

Dear Ms. Ledezma:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$2,160,688.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10460400**

Annual Graduate Medical Education Payment to your facility	(A)	\$2,160,688
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$2,160,688</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$1,080,344</b>

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

[1] 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  
1700 South Tamiami Trail  
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10176100**

Dear Mr. Verinder:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,851,034.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10176100**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,851,034
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,851,034</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$925,516</b>

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

[1] 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  
Southern Winds Hospital  
655 West 8th Street  
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 16949600**

Dear Mr. Cocchi:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$473,639.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **16949600**

Annual Graduate Medical Education Payment to your facility	(A)	\$473,639
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$473,639</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$236,820</b>

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

[1] 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

Ana Bovo  
St. Joseph's Hospital  
4225 W 20TH AVE  
Hialeah, Florida 33012-5826

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10097802**

Dear Ms. Bovo:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$858,823.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10097802**

Annual Graduate Medical Education Payment to your facility	(A)	\$858,823
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$858,823</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$429,412</b>

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

[1] 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 Haislip  
St. Mary's Medical Center  
3001 W DR Martin Luther King JR BLVD  
Tampa, Florida 33607-6307

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 10148600**

Dear Mr. Haislip:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$573,124.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10148600**

Annual Graduate Medical Education Payment to your facility	(A)	\$573,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$573,124</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$286,562</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10073100**

Dear Ms. McCauley:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$749,348.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10073100**

Annual Graduate Medical Education Payment to your facility	(A)	\$749,348
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$749,348</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$374,674</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10113300**

Dear Ms. Needham:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$1,927,326.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10113300**

Annual Graduate Medical Education Payment to your facility	(A)	\$1,927,326
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$1,927,326</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$963,662</b>

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

[1] 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 Couris  
Tampa General Hospital  
1 Tampa General Cir  
Tampa, Florida 33606-3571

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10099400**

Dear Mr. Couris:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$8,747,146.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10099400**

Annual Graduate Medical Education Payment to your facility	(A)	\$8,747,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$8,747,146</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$4,373,572</b>

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

[1] 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

Robert W. Thornton  
UF Health Shands  
1600 Southwest Archer Road  
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10003000**

Dear Mr. Thornton:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$16,247,901.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10003000**

Annual Graduate Medical Education Payment to your facility	(A)	\$16,247,901
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$16,247,901</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$8,123,950</b>

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

[1] 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

Monica Lynne Jordan  
University of Miami  
1475 NW 12TH AVE  
Miami, Florida 33136

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10047100**

Dear Ms. Jordan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$6,577,299.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

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Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10047100**

Annual Graduate Medical Education Payment to your facility	(A)	\$6,577,299
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$6,577,299</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$3,288,650</b>

Facility Name (current) : **University of Miami**

[1] 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

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

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10213000**

Dear Ms. Tahan:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$633,295.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10213000**

Annual Graduate Medical Education Payment to your facility	(A)	\$633,295
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$633,295</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$316,648</b>

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

[1] 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

Jerad Hanlon  
West Boca Medical Center  
21644 State Rd 7  
Boca Raton, Florida 33428-1842

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 12024300**

Dear Mr. Hanlon:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$92,501.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **12024300**

Annual Graduate Medical Education Payment to your facility	(A)	\$92,501
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$92,501</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$46,250</b>

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

[1] 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

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

**RE: State Fiscal Year 2024 - 2025  
GME Statewide Medical Residency Program - Quarters One and Two  
Medicaid Number: 3226500**

Dear Ms. Boue:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$348,937.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **3226500**

Annual Graduate Medical Education Payment to your facility	(A)	\$348,937
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	<b>(A – B) = (C)</b>	<b>\$348,937</b>
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	<b>(C x 0.50) = (E)</b>	<b>\$174,468</b>

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

[1] 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

Henry Brown  
Winter Haven Hospital  
2500 SW 75TH Ave  
Miami, Florida 33155-2805

**RE: State Fiscal Year 2024 - 2025**  
**GME Statewide Medical Residency Program - Quarters One and Two**  
**Medicaid Number: 10169900**

Dear Mr. Brown:

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents 50% of your annual appropriation of \$849,822.00 for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
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State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number : **10169900**

Annual Graduate Medical Education Payment to your facility	(A)	\$849,822
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Graduate Medical Education Payments</b>	(A – B) = (C)	\$849,822
Total of your "Graduate Medical Education" Payments previously paid in this fiscal year	(D)	\$0
<b>Your scheduled Graduate Medical Education Payment [1] [2]</b>	(C x 0.50) = (E)	<b>\$424,910</b>

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

[1] 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

, Florida

**RE: State Fiscal Year 2024 - 2025**  
**Medicaid Number:**

Dear :

Per Florida Statute (F.S.) 409.909(1), "The Statewide Medicaid Residency Program is established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide." Your facility has been determined eligible to receive a GME payment distribution in accordance with F.S. 409.909(3) and the general appropriations act for state fiscal year 2024 - 2025.

The enclosed payment represents of your annual appropriation of for state fiscal year 2024 - 2025. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Kiana Redding of my staff at (850) 412-4274.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:kr  
Enclosure



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Medicaid Program Finance

Graduate Medical Education  
Statewide Medical Residency Program

State Fiscal Year 2024 – 2025 1<sup>st</sup> and 2<sup>nd</sup> Quarter Payments

Medicaid Number :

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

Facility Name (current) :

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

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