



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

August 30, 2018

Richard Ballard
University of Miami Hospital and Clinics
1475 Northwest 12th Avenue
Miami, Florida 33136-1086

**RE: State Fiscal Year 2017 - 2018
Annual Florida Cancer Hospital Program (FCHP) Payment
Medicaid Number: 0100471-00**

Dear Mr. Ballard:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2017 - 2018. These payments are made to qualifying Florida Cancer Hospitals that meet the criteria in 42 U.S.C. s. 1395ww (d) (1) (B) (v) and are members of the Alliance of Dedicated Cancer Centers.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your FCHP appropriation of \$5,749,878 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Florida Cancer Hospital Program Distribution
 State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **0100471-00**

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

		Inpatient Amount	Outpatient Amount
Annual FCHP distribution to your facility	(A)	\$1,507,674	\$4,242,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0	\$0
Projected total of your facility's annual FCHP Payment	(C)	\$1,507,674	\$4,242,204
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$0	\$0
Your Scheduled FCHP Payment [1]	(C – D) = (E)	\$1,507,674	\$4,242,204

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



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SECRETARY

August 30, 2018

John A. Kolosky
H. Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive, MS: MBC-ACCT
Tampa, Florida 33612-9416

**RE: State Fiscal Year 2017 - 2018
Annual Florida Cancer Hospital Program (FCHP) Payment
Medicaid Number: 0120324-00**

Dear Mr. Kolosky:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2017 - 2018. These payments are made to qualifying Florida Cancer Hospitals that meet the criteria in 42 U.S.C. s. 1395ww (d) (1) (B) (v) and are members of the Alliance of Dedicated Cancer Centers.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your FCHP appropriation of \$4,724,203 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Florida Cancer Hospital Program Distribution
 State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **0120324-00**

Facility Name (current) : **H. Lee Moffitt Cancer Center & Research
 Institute Hospital**

		Inpatient Amount	Outpatient Amount
Annual FCHP distribution to your facility	(A)	\$3,428,710	\$1,295,493
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0	\$0
Projected total of your facility's annual FCHP Payment	(C)	\$3,428,710	\$1,295,493
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$0	\$0
Your Scheduled FCHP Payment [1]	(C - D) = (E)	\$3,428,710	\$1,295,493

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