



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

February 25, 2019

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

**RE: State Fiscal Year 2018 - 2019  
First Florida Cancer Hospital Program (FCHP) Payment  
Medicaid Number: 010047100**

Dear Mr. Ballard:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2018 - 2019. 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 22% (rounded) of your FCHP appropriation of \$9,582,636 for state fiscal year 2018 - 2019. A summary of your payment is shown on the enclosed payment sheet.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

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 2018 - 2019 First Payment

Medicaid Number : **010047100**

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

		Inpatient Amount	Outpatient Amount
Annual FCHP distribution to your facility	(A)	\$6,189,053	\$3,393,583
Amount being withheld from distribution in anticipation of funding reductions	(B)		
<b>Projected total of your facility's annual FCHP Payment</b>	(C)	\$6,189,053	\$3,393,583
Total of your FCHP Payments previously paid in this fiscal year	(D)		
<b>Your Scheduled FCHP Payment [1]</b>	(E)	<b>\$271,123</b>	<b>\$1,802,608</b>

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



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February 25, 2019

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 2018 - 2019  
First Florida Cancer Hospital Program (FCHP) Payment  
Medicaid Number: 012032400**

Dear Mr. Kolosky:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2018 - 2019. 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 48% (rounded) of your FCHP appropriation of \$7,761,897 for state fiscal year 2018 - 2019. A summary of your payment is shown on the enclosed payment sheet.

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

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

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 2018 - 2019 First Payment

Medicaid Number : **012032400**

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

		Inpatient Amount	Outpatient Amount
Annual FCHP distribution to your facility	(A)	\$2,247,384	\$5,514,513
Amount being withheld from distribution in anticipation of funding reductions	(B)		
<b>Projected total of your facility's annual FCHP Payment</b>	(C)	\$2,247,384	\$5,514,513
Total of your FCHP Payments previously paid in this fiscal year	(D)		
<b>Your Scheduled FCHP Payment [1]</b>	(E)	<b>\$1,874,460</b>	<b>\$1,825,782</b>

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