



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 28, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. 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 39% (rounded) of your FCHP appropriation of \$8,704,321 for state fiscal year 2019-2020. 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 2019-2020 Second Payment

Medicaid Number : **010047100**

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

		Inpatient Amount	Outpatient Amount
Annual FCHP distribution to your facility	(A)	\$5,416,542	\$3,287,779
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Projected total of your facility's annual FCHP Payment	(C)	\$5,416,542	\$3,287,779
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$317,758	\$977,817
Your Scheduled FCHP Payment [1] [2]	(E)	\$1,191,486	\$865,932

[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.



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January 28, 2020

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 2019-2020
Second 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 2019-2020. 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 43% (rounded) of your FCHP appropriation of \$8,240,674 for state fiscal year 2019-2020. 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 2019-2020 Second 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)	\$2,532,803	\$5,707,871
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Projected total of your facility's annual FCHP Payment	(C)	\$2,532,803	\$5,707,871
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$939,331	\$1,037,302
Your Scheduled FCHP Payment [1] [2]	(E)	\$663,201	\$870,942

[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.