



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

May 29, 2024

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 2023-2024**  
**1<sup>st</sup> & 2<sup>nd</sup> Florida Cancer Hospital Program (FCHP) Outpatient Payment**  
**Medicaid Number: 012032400**

Dear Mr. Kolosky:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2023-2024. 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 23% (rounded) of your FCHP appropriation of \$8,453,433 for state fiscal year 2023-2024. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Staci Griffis, Acting Bureau Chief  
Medicaid Program Finance

SG:mm

Enclosure:





State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Florida Cancer Hospital Program Distribution

State Fiscal Year 2023-2024 1<sup>st</sup> & 2<sup>nd</sup> Outpatient Payment

Medicaid Number : **012032400**

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

|   |            |                    |
|---|------------|--------------------|
| Annual <b>Outpatient</b> FCHP distribution to your facility                   | (A)        | \$8,453,433        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)        | \$0                |
| <b>Projected total of your facility's annual FCHP Payment</b>                 | (C)        | \$8,453,433        |
| Total of your FCHP Payments previously paid in this fiscal year               | (D)        | \$0                |
| <b>Your Scheduled FCHP Payment [1] [2]</b>                                    | <b>(E)</b> | <b>\$1,980,194</b> |

[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

JASON WEIDA  
SECRETARY

May 29, 2024

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

**RE: State Fiscal Year 2023-2024  
1st & 2nd Florida Cancer Hospital Program (FCHP) Outpatient Payment  
Medicaid Number: 010047100**

Dear Mr. Ballard:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2023-2024. 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 30% (rounded) of your FCHP appropriation of \$6,265,148 for state fiscal year 2023-2024. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Florida Cancer Hospital Program Distribution

State Fiscal Year 2023-2024 1<sup>st</sup> & 2<sup>nd</sup> Outpatient Payment

Medicaid Number : **010047100**

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

|   |     |                    |
|---|-----|--------------------|
| Annual <b>Outpatient</b> FCHP distribution to your facility                   | (A) | \$6,265,148        |
| Amount being withheld from distribution in anticipation of funding reductions | (B) | \$0                |
| <b>Projected total of your facility's annual FCHP Payment</b>                 | (C) | \$6,265,148        |
| Total of your FCHP Payments previously paid in this fiscal year               | (D) | \$0                |
| <b>Your Scheduled FCHP Payment [1] [2]</b>                                    | (E) | <b>\$1,885,229</b> |

[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.