



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 26, 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
3rd Quarter 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 the 1st, 2nd, and 3rd quarter FCHP appropriations 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

State Fiscal Year 2023-2024 3rd Distribution

Medicaid Number : **012032400**

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

Annual Outpatient FCHP distribution to your facility	(A)	\$8,453,433
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Projected total of your facility's annual FCHP Payment	(C)	\$8,453,433
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$1,980,194
Your Scheduled FCHP Payment [1] [2]	(E)	\$862,191

[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

June 26, 2024

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

RE: State Fiscal Year 2023-2024
3rd Quarter 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 the 1st, 2nd, and 3rd quarter FCHP appropriations 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,

A handwritten signature in black ink, appearing to read "Staci Griffis", with a long horizontal flourish extending to the right.

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

State Fiscal Year 2023-2024 3rd Distribution

Medicaid Number : **010047100**

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

Annual Outpatient FCHP distribution to your facility	(A)	\$6,265,148
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Projected total of your facility's annual FCHP Payment	(C)	\$6,265,148
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$1,885,229
Your Scheduled FCHP Payment [1] [2]	(E)	\$862,788

[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.