



April 8, 2025

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

RE: State Fiscal Year 2024-2025

Annual Florida Cancer Hospital Program (FCHP) Inpatient Payment

Medicaid Number: 010047100

Dear Mr. Ballard:

Your hospital has been deemed eligible to receive the associated payment for state fiscal year 2024-2025. 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 represent 100% (rounded) of your FCHP appropriation of \$5,825,831.12 for state fiscal year 2024-2025. 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 Samantha Coleman of my staff at (850) 412-4131.

Sincerely.

Staci Griffis, Acting Bureau Chief, Medicaid Program Finance

SG:sc Enclosure:



State of Florida Agency for Health Care Administration Medicaid Program Finance

Florida Cancer Hospital Program Distribution State Fiscal Year 2024-2025 Annual Inpatient Payment

Medicaid Number: 010047100

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

Annual Inpatient FCHP distribution to your facility	(A)	\$5,825,831.12
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Projected total of your facility's annual FCHP Payment	(C)	\$5,825,831.12
Total of your FCHP Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled FCHP Payment [1] [2]	(E)	\$5,825,831.12

- [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.