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
1st & 2nd 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 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 represents 72%(rounded) of your Outpatient FCHP appropriations 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

State Fiscal Year 2024-2025 1st & 2nd Quarter Distribution

Medicaid Number : **010047100**

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

Annual **Outpatient** FCHP distribution to your facility	(A)	$4,778,545.88
Amount being withheld from distribution in anticipation of funding reductions	(B)	$0
Projected total of your facility's annual FCHP Payment	(C)	$4,778,545.88
Total of your FCHP Payments previously paid in this fiscal year	(D)	$0
Your Scheduled FCHP Payment [1] [2]	**(E)**	**$3,417,902.00**

[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.