



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1239

1. Title of Project: Cancer Hospital Prospective Payment System Exempt

2. Senate Sponsor: Manny Diaz

3. Date of Submission: 02/07/2019

4. Project/Program Description:

Provides an exemption to the prospective payment system for the Medical Reimbursement to qualifying cancer hospitals that meet the criteria under 42 USC Section 1395 ww (d) (I) (B) (v).

5. State Agency to receive requested funds : Agency for Health Care Administration

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	31,393,728
Fixed Capital Outlay	
Total State Funds Requested	31,393,728

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	31,393,728	38.53%
Federal	50,084,933	61.47%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	81,478,661	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		31,695,199	199	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. 31,393,728

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Cover the cost of providing Medicaid services	31,393,728
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		31,393,728

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Cost payment for care and treatment.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Delivery of health care.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Health care and treatment.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
Approximately 25,000 Medicaid eligible persons will receive care.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Payments will only be made for services delivered; quality metrics will be developed.
- f. **What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**
Payments will not be made for services not provided.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

none

13. Requestor Contact Information:

- a. **Name:** Raena Wright
- b. **Organization:** University of Miami
- c. **E-mail Address:** raenawright@miami.edu
- d. **Phone Number:** (786)574-0777



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14. Recipient Contact Information:

- a. **Organization:** University of Miami and H. Lee Moffitt Cancer Center
- b. **County:** Hillsborough, Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Raena Wright
- e. **E-mail Address:** raenawright@miami.edu
- f. **Phone Number:** (786)574-0777

15. Lobbyist Contact Information

- a. **Name:** Raena Wright
- b. **Firm Name:** raenawright@miami.edu
- c. **E-mail Address:** raenawright@miami.edu
- d. **Phone Number:** (786)574-0777