

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



February 8, 2012

Mr. Justin Senior
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
227 Mahan Drive
Mail Stop 8
Tallahassee, Florida 32308

RE: Florida Title XIX State Plan Amendment, Transmittal # FL 09-003

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida Medicaid State Plan Amendment (SPA) FL 09-003 that was received in the Regional Office on November 10, 2011. Effective March 1, 2009 this amendment proposes to change the payment methodology for Outpatient Hospital Reimbursement. Specifically, the amendment will fulfill the requirement for implementation of a rate reduction which was mandated during the 2009 Florida Legislative Special Session. Based on the HCFA 179 submitted by the State, Federal budget impact would be (-\$1,252,000) in FFY 2008-09; and (-\$1,543,000) in FFY 2009-10.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment FL 09-003. This SPA was approved on February 8, 2012. The effective date of this amendment is March 1, 2009. We are enclosing the approved form HCFA-179 and the approved plan pages.

If you have any questions or need further assistance, please contact Donald Graves at 919-929-2999, or Etta Hawkins at 404-562-7429.

Sincerely,

A handwritten signature in blue ink that reads "Jackie Glaze". The signature is written in a cursive style.

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures