

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



May 11, 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 10-006

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan Amendment FL 10-006. The Request for additional information response was received in the Regional Office on February 13, 2012. This SPA was initially submitted on September 30, 2010 with a stated purpose of amending the Title XIX Outpatient Hospital Reimbursement Plan payment methodology, effective July 1, 2010. Based on the HCFA 179 submitted by the State, Federal budget impact would be \$26,848,000 in FFY 2009-10; and \$80,544,000 in FFY 2010-11.

Based on the information provided, we are now ready to approve Medicaid State Plan Amendment FL 10-006. This SPA was approved on May 9, 2012. The effective date of this amendment is July 1, 2010. 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 919-828-2999.

Sincerely,

/s/

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

Enclosures