

Revision: HCFA-PM-86-3 (BERC)  
March 1986

State/Territory: Florida

Citation

4.22 (continued)

42 CFR 433.151(a)  
50 FR 46652

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following:  
(Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met. See attached Page 70a.

Other appropriate State agency(s)—  
\_\_\_\_\_  
\_\_\_\_\_

Other appropriate agency(s) of another State—  
\_\_\_\_\_  
\_\_\_\_\_

Courts and law enforcement officials.

42 CFR 433.151(b)  
50 FR 46652

(g) The Medicaid agency meets the requirements of 42 CFR and 433.153 and 433.154 for making incentive payments and for distributing third party collections.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

\_\_\_\_\_The Secretary's method as provided in the State Medicaid Manual, Section 3910.

XX\_\_\_\_\_The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: FLORIDA

Requirements for Enrollment in  
Employer Based Group Health Insurance

Enrollment in employer-sponsored health care coverage, if available and cost effective is a condition of eligibility for the recipient.

A. Cost Effectiveness

1. Enrollment in employer-sponsored health care coverage shall be considered cost effective when the amount of financial assistance provided for the recipient to pay the employee share of the employer-sponsored health care coverage does not exceed the amount of the Medicaid premium that would have been paid to a managed care plan for the recipient.
2. When determining cost effectiveness of employer-sponsored health care coverage, the Agency shall consider the following:
  - a. The cost of the Medicaid premium that would have been paid to a managed care plan for the recipient.
  - b. The employee share of the employer-sponsored health care coverage, including copayments and deductibles that the State may reimburse.
3. The employer-sponsored health care coverage shall be treated as a third party resource in accordance with federal third party liability requirements. When recipients are enrolled in employer-sponsored health care coverage, this coverage shall become the first source of health care benefits up to the limits of such coverage, prior to the availability of Title XIX benefits.

SPA TN: 2011-004  
Effective: July 1, 2011  
Supersedes: NEW  
Approval Date: 9/20/11

4. If Medicaid services covered under the State plan are not part of the services covered by a recipient's employer sponsored health care coverage, the recipient may obtain those services from participating Medicaid providers. These services are reimbursed at the State Medicaid rate.
5. The Agency shall pay all premiums, deductibles, coinsurance and other cost sharing obligations for items and Medicaid services covered under the State plan up to Medicaid's rate for recipients in employer-sponsored health care coverage, except for the cost sharing amounts permitted under the State plan which are the recipient's responsibility.

B. Cost Effectiveness Review

1. The Agency shall complete a cost effectiveness review at least once every six (6) months.
2. The Agency shall perform a cost effectiveness redetermination if:
  - a. The employee share of the employer-sponsored health care coverage changes;
  - b. Any of the individuals covered under the employer-sponsored health care coverage lose Medicaid eligibility;  
or
  - c. There is loss of employment.

C. Coverage of Non-Medicaid Family Members

The Agency shall pay the employee share of the employer-sponsored health care coverage when cost-effective regardless of whether all family members are Medicaid eligible. The Agency shall not pay a deductible, coinsurance, or other cost-sharing obligation, or provide for payment of services covered under the State Plan but not covered by the plan on behalf of a participating family member who is not Medicaid eligible.

SPA TN: 2011-004  
Effective: July 1, 2011  
Supersedes: NEW  
Approval Date: 9/20/11