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State/Territory Name: Florida

State Plan Amendment (SPA) #: 14-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 18, 2014

Mr. Justin Senior
Deputy Secretary for Medicaid
2727 Mahan Drive, MS#8
Tallahassee, Florida 32308

Attention: April Cook

RE: Title XIX State Plan Amendment (SPA), FL 14-007

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL-14-007, which was submitted to the Atlanta Regional Office on March 27, 2014. This amendment allows the current Medical School physician supplement payment methodology to continue for services through June 30, 2014 with a maximum total computable reimbursement of \$83,384,893.

Based on the information provided, the Medicaid State Plan Amendment FL-14-007 was approved on June 18, 2014. The effective date of this amendment is January 1, 2014. We are enclosing the approved HCFA-17 and plan page.

If you have any additional questions or need further assistance, please contact Sid Staton at (850) 878-3486 or Sidney.Staton@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 2014-007	2. STATE Florida
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 438.60		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2013-2014 \$36,401 FFY 2014-2015 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B pages 28a and 28a1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B pages 28a	
10. SUBJECT OF AMENDMENT: Physicians Supplemental Payment Methodology			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Mr. Justin M. Senior Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: April Cook	
13. TYPED NAME: Mr. Justin M. Senior			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 03-27-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03-27-14		18. DATE APPROVED: 06-18-14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-14		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following change as authorized by the state agency email dated 06-03-14.			
<p><u>Block #8 changed to read:</u> Attachment 4.19-B page 28a.</p>			

METHODS USED IN ESTABLISHING PAYMENT RATES

INDIVIDUAL PRACTITIONERS SERVICES, continued

The agency may provide for supplemental payments for services provided by doctors of medicine and osteopathy as well as other licensed health care practitioners employed by our under contract with either (1) a medical school that is part of the public university system (Florida State University, The University of Florida, and The University of South Florida); (2) a private medical school that places over fifty percent (50%) of their residents with a public hospital (The University of Miami); (3) Nova Southeastern University. The supplemental payments will be based on the difference between the lower of fifty-four and thirty-four one hundredths percent (54.34%) of the provider's usual and customary charges or fifty-four and thirty-four one hundredths percent (54.34%) of the charge ceiling established by the Agency and the actual payment by Medicaid to the physician or osteopathic physician under the current physician fee schedule. For services provided on and after January 1, 2014 through June 30, 2014, the total computable amount will not exceed \$83,384,893.

The percentage applied to providers' usual and customary charges or the charge ceiling shall be determined annually. This percentage shall represent the weighted average percentage of usual and customary charges paid by commercial payers weighted by the number of Medicaid allowable procedures for the physicians associated with the designated medical schools. The percentage shall be substantiated by data made available by each medical school or as determined by an independent entity that has sufficient data to determine geographically specific percentages. Geographically specific percentages may be used in determining the statewide percentage, but one statewide percentage shall be used for payment determinations.

This payment will end on June 30, 2014.