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State/Territory Name: Florida

State Plan Amendment (SPA) #:15-0004

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

August 7, 2015

Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mailstop #20
Tallahassee, Florida 32308

Attention: April Cook

RE: Title XIX State Plan Amendment, FL 15-0004

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL 15-0004, which was submitted to the Atlanta Regional Office on May 20, 2015. This amendment allows the Florida Medicaid program to remove the duplicative requirement for the Organ Transplant Advisory Council (OTAC) to review and recommend designation of organ transplant programs to Florida Medicaid.

Based on the information provided, the Medicaid State Plan Amendment FL 15-0004 is approved August 7, 2015. The effective date of this amendment is April 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any questions or need any further assistance, please contact Etta Hawkins, R.Ph. at (404) 562-7429.

Sincerely,

//s//

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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2015-004	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 April 1, 2015	
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 482		7. FEDERAL BUDGET IMPACT: (in thousands) No fiscal impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-E page 1 Attachment 4.19-B page 45		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-E page 1 Attachment 4.19-B page 45	
10. SUBJECT OF AMENDMENT: Organ Transplant Program Requirements			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Reviewed by the Deputy Secretary for Medicaid <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL who is the Governor's designee.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		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:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/20/15		18. DATE APPROVED: 08/07/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State/Territory: FLORIDA**STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES**

Medicaid payment is restricted to those organ transplants currently considered as accepted therapeutic modalities in this state and does not include experimental procedures. For children under age 21, Florida covers organ transplants that are medically necessary and appropriate. For recipients age 21 and older, Florida Medicaid covers kidney, liver, cornea, heart, lung, pancreas, intestine, multivisceral and hematopoietic progenitor cell transplants that are medically necessary. An exception is that Medicaid covered emergency services for 5-year bar qualified aliens and non-qualified aliens do not include care and services related to organ transplant procedures. Cornea transplants involve tissue and not solid organs. Medicaid enrollment is required for those facilities that provide cornea transplants, but separate transplant facility designation is not required.

Organ transplants for Florida Medicaid recipients must be performed by Medicaid-designated programs that:

- Have been approved by the State of Florida with a Certificate of Need;
- Are located in hospitals or parts of hospitals that meet the requirements for participation in Medicare as a hospital per 42 CFR 440.10 and 482;
- Are approved by the Centers for Medicare and Medicaid Services (CMS) for the specific organ being transplanted;
- Are certified by the Organ Procurement and Transplantation Network (OPTN) for the specific organ being transplanted;
- Meet additional organ-specific standards provided in Attachment 3.1-E, Supplement I.

If a program loses CMS or OPTN approval for an organ, the program must reapply for Medicaid- designation and meet all the criteria listed above.

For multiple simultaneous organ transplants within the same patient, the program must be approved for each of those organs.

TN No: 2015-004
Supersedes
TN No: 08-007

Approved: 08-07-15Effective Date: 04/01/15

METHODS USED IN ESTABLISHING PAYMENT RATES

Reimbursement rates for globally paid transplants include adult (age 21 and over) heart, liver, lung and intestine/multivisceral and pediatric (age 20 and under) lung and intestine multivisceral transplant services, which are paid the actual billed charges up to a global maximum rate established by the Agency. (See global rates below) These payments will be made to physicians and facilities that have met specified guidelines and are established as Medicaid-designated transplant centers. The global maximum reimbursement for transplant surgery services is an all-inclusive payment that encompasses the date of transplantation and extends through 365 days post facility discharge of transplant related care.

The Agency’s global reimbursement rates were updated on February 22, 2010, and are effective for services provided on or after that date.

All other transplant rates are published on the Agency’s website at <http://portal.flmmis.com/flpublic>.

Only one provider may bill for the transplant phase.

Global maximum rates for transplantation surgery are as follows:

Adult Heart	
Facility	Physician
\$135,000	\$27,000

Adult Liver	
Facility	Physician
\$95,600	\$27,000

Adult Lung	
Facility	Physician
\$205,000	\$33,000

Pediatric Lung	
Facility	Physician
\$280,000	\$40,800

Adult and Pediatric Intestinal/Multi-visceral	
Facility	Physician
\$450,000	\$50,000