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State/Territory Name: Florida

State Plan Amendment (SPA) #:15-0001

This file contains the following documents in the order listed:

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

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

May 14, 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 15-0001

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL 15-001, which was submitted to the Atlanta Regional Office on March 10, 2015. This amendment allows the Florida Medicaid program an additional exemption to the Medicaid Recovery Audit Contractor (RACs) requirement for a period of one year. The new expiration date for this amendment is June 30th, 2016. By the end of the expiration period, Florida agrees to have implemented a Medicaid RAC program, by signing a contract with a RAC vendor.

Based on the information provided, the Medicaid State Plan Amendment FL 15-0001 is approved May 14, 2015. The effective date of this amendment is March 19, 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

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 2015-001 | 2. STATE Florida |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 4. PROPOSED EFFECTIVE DATE March 19, 2015 | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | | |
| <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 (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(42)(B)(i) of the Act | | 7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2014-2015 \$0 FFY 2015-2016 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.5b | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 4.5b | |
| 10. SUBJECT OF AMENDMENT: Medicaid Recovery Audit Contractors Extension for Exception | | | |
| 11. GOVERNOR'S REVIEW (Check One): | | | |
| <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: //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: 03-10-15 | | 18. DATE APPROVED: 05-14-15 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 03-19-15 | | 20. SIGNATURE OF REGIONAL OFFICIAL: //s// | |
| 21. TYPED NAME: Jackie Glaze | | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns | |
| 23. REMARKS: | | | |

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| Section 1902 (a)(42)(B)(ii)(III)(aa) of the Act | The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): |
| | <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p> |
| | <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RAC as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p> |
| | <p>_____ The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p> |
| Section 1902 (a)(42)(B)(ii)(III)(bb) of the Act | <p>_____ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):</p> |
| Section 1902 (a)(42)(B)(ii)(III) of the Act | <p>_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> |
| Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act | <p>_____ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.</p> |
| Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act | <p>_____ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p> |
| Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act | <p>_____ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p> |