

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #:16-0004**

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**

---

June 6, 2016

Mr. Justin M. Senior  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

RE: Title XIX State Plan Amendment, FL 16-0004

Dear Mr. Senior:

We have reviewed the proposed Florida state plan amendment (SPA), FL 16-0004 that updates the reimbursement methodology for independent laboratory and X-ray services. The initial SPA was submitted to the Atlanta regional office on March 28, 2016. Based on the HCFA 179 submitted by the state, the federal budget impact would be \$0 in FFY 2015-16 and \$0 in FFY 2016-17.

Based on the information provided, the Medicaid state plan amendment FL 16-0004 was approved on June 6, 2016. The effective date of this amendment is March 9, 2016. We are enclosing the approved HCFA-179 and the plan pages.

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

Sincerely,

//s//

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
2016-004

2. STATE  
Florida

FOR: HEALTH CARE FINANCING ADMINISTRATION

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  
March 9, 2016

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440, 441, 410.32(c) and 493

7. FEDERAL BUDGET IMPACT: (in thousands)  
FFY 2015-2016 \$0  
FFY 2016-2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B page 24

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B page 24

10. SUBJECT OF AMENDMENT: Methods Used In Establishing Payment Rates for Independent Laboratory And Portable X-Ray Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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  
Agency Secretary for Medicaid  
2727 Mahan Drive, Mail Stop #8  
Tallahassee, FL 32308

13. TYPED NAME: Mr. Justin M. Senior

14. TITLE:  
Deputy Secretary for Medicaid

15. DATE SUBMITTED: 03/28/16

Attention: April Cook

17. DATE RECEIVED:  
03/28/16

18. DATE APPROVED: 06/06/16

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
03/09/16

20. SIGNATURE OF REGIONAL OFFICIAL:  
//s//

21. TYPED NAME:  
Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS:

METHODS USED IN ESTABLISHING PAYMENT RATES

INDEPENDENT LABORATORY AND PORTABLE X-RAY SERVICES -  
Payments are the lesser of the provider charges or the Medicaid maximum allowable fee schedule, which is the same as both governmental and private providers. The agency's laboratory rates were set as of 1/01/16, effective for services on or after this date. The fee schedules are published at: <http://portal.flmmis.com/FLPublic/>. Select Provider Services, then under Provider Support, select Provider Fee Schedules. Rates do not exceed Medicare rates for the same codes on a per test basis as required by section 1903(i)(7).

Amendment 2016-004  
Effective 3/09/2016  
Supersedes 93-02  
Approval 06-06-16