Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #:16-0009

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

September 28, 2016

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

ATTN: April Cook

RE: Title XIX State Plan Amendment 16-0009

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0009. This amendment makes technical and editorial changes and differentiate the reimbursement methodologies of hemodialysis and peritoneal dialysis treatments.

Based on the information provided, this amendment was approved on September 28, 2016. The effective date is January 1, 2016. We are enclosing the approved form HCFA 179 and plan pages. If you have any questions, please contact Sid Staton at 850-878-3486 or by email at sidney.staton@cms.hhs.gov.

Sincerely,

//s//

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	2016-009	Florida
STATE I LAN WATERIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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:	7. FEDERAL BUDGET IMPACT: (in t	
42 CFR 494	FFY 2015-2016 \$0	nousunus)
	FFY 2016-2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
Attachment 4.19-B page 33c	OR ATTACHMENT (If Applicable):	
	Attachment 4.19-B page 33c	
10. SUBJECT OF AMENDMENT: Methods Used in Establishing Payn	nent Rates for Clinic Services: Freestandin	ng Dialysis Center Services
11. GOVERNOR'S REVIEW (Check One):	_	
GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠ OTHER, AS SPEC	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		ty Secretary for Medicaid
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	who is the Governor's	designee.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
//s//	Mr. Justin M. Senior	
13. TYPED NAME:	Deputy Secretary for Medicaid	
Mr. Justin M. Senior	Agency for Health Care Administration	
14. TITLE:	2727 Mahan Drive, Mail Stop #8	
Deputy Secretary for Medicaid	Tallahassee, FL 32308	
15. DATE SUBMITTED: 03-28-16	Attention: April Cools	
	Attention: April Cook	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: 09/28/16	
03/28/16 PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	FICIAL
01/01/16	//s//	ICIAL.
21. TYPED NAME:	22. TITLE: Associate Regional Admini	strator
Jackie Glaze	Division of Medicaid & Children Health	
23. REMARKS:		

METHODS USED IN ESTABLISHING PAYMENT RATES

CLINIC SERVICES: Freestanding Dialysis Center Services

Freestanding Dialysis Centers are reimbursed for in-center hemodialysis dialysis treatments using a single composite rate established by the Florida Legislature. The rate is less than Medicare's composite rates for the same service.

Freestanding Dialysis Centers are reimbursed for peritoneal dialysis treatments using a single composite rate based on State- established fee schedule rates.

Please refer to Attachment 3.1A and 3.1B for Freestanding Dialysis Center covered treatment services.

The Agency's dialysis rates were set as of January 1, 2016, effective for services on or after this date. The rates are the same for both governmental and private providers. The fee schedules are published

at: <u>http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml</u>

The Agency's rate is calculated at 54.25% of the Medicare rate.

Medicaid Rate	Medicare
\$125 (Hemodialysis)	\$230. 39 (End Stage Renal Dialysis)
\$53.57 (Peritoneal)	

*The percent of the State's End Stage Renal Dialysis rate is 54.25% (\$125 / \$230.39) of Medicare's rate.