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State/Territory Name: Florida

State Plan Amendment (SPA) #: 16-0010

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

May 24, 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 16-010

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-010. This amendment makes editorial changes and removes obsolete language under Physician Services. There are no changes in services to recipients.

Based on the information provided, this amendment was approved on May 24, 2016. The effective date is April 1, 2016. We are enclosing the approved form HCFA 179 and plan pages. If you have any questions, please contact Cheryl L. Brimage at 404-562-7116 or cheryl.brimage@cms.hhs.gov.

Sincerely,

//s//

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2016-010	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 April 1, 2016	
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 440 and 441		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2015-2016 \$0 FFY 2016-2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 24 Attachment 3.1-B page 24		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A page 24 Attachment 3.1-B page 24	
10. SUBJECT OF AMENDMENT: Physician's Services			
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: //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		Attention: April Cook	
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 04/28/16			
17. DATE RECEIVED: 04/28/16		18. DATE APPROVED: 05/24/16	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/16		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

PHYSICIAN SERVICES

Description

Physician services are provided to maintain the recipient's health, prevent disease, and treat illness, in accordance with 42 CFR 440.

Who Can Receive

An eligible recipient enrolled on the date of service, and requiring a medically necessary physician service.

Who Can Provide

Physicians licensed within their scope of practice to perform this service.

Allowable Benefits

- Health screenings for recipients under the age of 21 years in accordance with the American Academy of Pediatrics periodicity schedule.
- Office visits as medically necessary for recipients under the age of 21 years and pregnant recipients age 21 years and older.
- Up to two primary care office visits per month for recipients age 21 years and older.
- Up to one evaluation and management visit per month, per recipient in a custodial care or nursing care facility.
- Up to one adult health screening every 365 days for recipients age 21 years and older.

*Exceptions to the limits will be authorized on a case by case basis and will be evaluated based on medical necessity.

Amendment 2016-010
Effective 4/01/16
Supersedes 2012-014
Approval 05-24-16

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