

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #: 17-0013**

This file contains the following documents in the order listed:

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



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**Financial Management Group**

March 8, 2018

Ms. Beth Kidder  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

RE: State Plan Amendment (SPA) FL 17-0013

Dear Ms. Kidder:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid State plan submitted under transmittal number 17-0013. Effective October 26, 2017, this amendment proposes to implement UPL supplemental payments for eligible Cancer hospitals that are members of the Alliance of Dedicated Cancer Centers. The two qualified hospitals will be reimbursed for services rendered to Medicaid recipients who are not enrolled in a managed care plan and who are not dually eligible Medicare and Medicaid recipients.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of October 26, 2017. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Anna Dubois at (850) 878-0916.

Sincerely,

Kristin Fan  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 2017-013	2. STATE Florida
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE October, 26 2017	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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:		7. FEDERAL BUDGET IMPACT: (in thousands)	
		FFY 2016-2017 \$0	
		FFY 2017-2018 \$10,292	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B pg. 48 Attachment 4.19-B index		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 4.19-B index	
10. SUBJECT OF AMENDMENT: Florida Cancer Hospital Reimbursement Methodology			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Ms. Beth Kidder Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308  Attention: Abigail Moudy	
13. TYPED NAME: Ms. Beth Kidder			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 12/14/17			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/14/17		18. DATE APPROVED: 03/08/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/26/17		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMG	
23. REMARKS: Approved with the following changes to block # 6, 7 and 8.			
Block # 6 changed to read: 42 CFR 447.272 and 447.321			
Block # 7 changed to read: FFY 2017-2018 \$9,324 and FFY 2018-2019 \$13,723.			
Block # 8 changed to read: Attachment 4.19B page 48; Attachment 4.19-B index and Attachment 4.19-A part 4 page 1.			

## CANCER HOSPITALS REIMBURSEMENT METHODOLOGY

REIMBURSEMENT - Eligible providers specified below will be reimbursed for Florida Medicaid reimbursable services rendered to Florida Medicaid recipients who are not enrolled in a managed care plan and who are not dually eligible Medicare and Medicaid recipients. Eligible providers shall be reimbursed up to their respective individual UPLs based on the upper payment limits described in 42 CFR 447.272 for inpatient hospital services. Due to the effective date, October 26, 2017, the UPL gap for state fiscal year (SFY) 2017-18 will be prorated by using the ratio of effective days within SFY 2017-18 and multiplying that ratio by the UPL gap for inpatient hospital services. The calculated ratio for SFY 2017-18 is 0.6795. These supplemental payments shall be calculated quarterly and be based on the previous three months' worth of valid claims. These supplemental payments shall be made by the last day of the following quarter.

ELIGIBLE PROVIDERS – Cancer hospitals that meet the criteria under 42 USC s. 1395ww(d)(1)(B)(v) and are members of the Alliance of Dedicated Cancer Centers, including only H. Lee Moffitt Cancer Center and University of Miami Hospital and Clinics d/b/a Sylvester Comprehensive Cancer Center, will receive the enhanced reimbursement for services rendered at these facilities. Eligible providers shall be enrolled Florida Medicaid providers.

**CANCER HOSPITALS REIMBURSEMENT METHODOLOGY**

**REIMBURSEMENT** - Eligible providers specified below will be reimbursed for Florida Medicaid reimbursable services rendered to Florida Medicaid recipients who are not enrolled in a managed care plan and who are not dually eligible Medicare and Medicaid recipients. Eligible providers shall be reimbursed up to their respective individual UPLs based on the upper payment limits described in 42 CFR 447.321 for outpatient services. Due to the effective date, October 26, 2017, the UPL gap for state fiscal year (SFY) 2017-18 will be prorated by using the ratio of effective days within SFY 2017-18 and multiplying that ratio by the UPL gap for outpatient hospital services. The calculated ratio for SFY 2017-18 is 0.6795. These supplemental payments shall be calculated quarterly and be based on the previous three months' worth of valid claims. These supplemental payments shall be made by the last day of the following quarter.

**ELIGIBLE PROVIDERS** – Cancer hospitals that meet the criteria under 42 USC s. 1395ww(d)(1)(B)(v) and are members of the Alliance of Dedicated Cancer Centers, including only H. Lee Moffitt Cancer Center and University of Miami Hospital and Clinics d/b/a Sylvester Comprehensive Cancer Center, will receive the enhanced reimbursement for services rendered at these facilities. Eligible providers shall be enrolled Florida Medicaid providers.

Amendment 2017-013  
Effective 10/26/2017  
NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF FLORIDA

PAYMENT FOR SERVICES

Table of Contents Pages

1.	Contents
1a.	Contents (Continued)
2.	Emergency Service
3.	Rehabilitative Services
3a.	Personal Care/Assistive Care Services
3b.	Community-Based-Substance Abuse Services
3c.	Personal Care Services: Prescribed Pediatric Extended Care (PPEC)
3.1	Early Intervention Services
3.2	School Based Therapy Services
3.3	School Based Psychological Services
3.4	School Based Social Work Services
3.5	School Based Nursing Services
3.6	School Based Nursing Services by County Health Departments
3.7	School based Behavioral Services by County Health Departments
4.	Prescribed Drugs
4a.	Prescribed Drugs (Continued)
4b.	Preventive Services
4c.	Preventive Services for Pregnant Women
5.	Rural Health Clinic Services
6.	Outpatient Hospital Services
7.	Hospice Care Services
7a.	Obstetrics/Pediatrics
8.	Payment of Pediatric Services
8a.	Immunization Injection
8b.	Immunization Injection (Continued)
9.	Immunization Injection (Continued)
10.	Established Patient
11.	Adequacy of Access (Pediatrics)
12.	Maximum Payment Rates for Listed Obstetrical Services
13.	Cesarean Deliver
14.	Abortion/Diagnostic Ultrasound
15.	Adequacy of Access (Obstetrics)
16.	HMO Obstetrical and Pediatric Coverage and Capitation Rates
17.	HMO Obstetrical and Pediatric Coverage and Capitation Rates (Continued)
17a.	HMO Obstetrical and Pediatric Coverage and Capitation Rates (Continued)
17b.	HMO Obstetrical and Pediatric Coverage and Capitation Rates (Continued)
18.	Florida's Medicaid Areas/Counties
19.	Maximum Payment Rates for Listed Obstetrical Services for Physicians
20.	Maximum Payment Rates for Listed Obstetrical Services for Physicians (Continued)
20a.	Maximum Payment Rates for Listed ARNP Obstetrical Services
21.	(Reserved)
22.	(Reserved)
23.	(Reserved)
24.	Independent Laboratory and Portable X-Ray Services
25.	EPSDT Services

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF FLORIDA

PAYMENT OF SERVICES

Table of Contents Pages (Continued)

26.	Eyeglasses/Contact Lenses
27.	Hearing Aids
28.	Individual Practitioners Services (Physicians, Chiropractors, Dentists, Osteopathy, Optometry)
28a.	Medical School Faculty Reimbursement Methodology
28b.	Reimbursement Template for Physician Services
28c.	Reimbursement Template for Physician Services (Continued)
28d.	Reimbursement Template for Physician Services (Continued)
29.	Other Practitioners (Nurses, Midwives, Physician's Assistants)
30.	Family Planning Services
31.	Christian Science Sanatoria Services
32.	Home Health Services
32a.	Home Health Aides
33.	Clinic Services: Birthing Centers
33a.	Clinic Services: Ambulatory Surgical Centers
33b.	Clinic Services: County Health Units
33c.	Clinic Services: Freestanding Dialysis Center Services
34.	Transportation
34a-f	Certified Public Expenditure Program for Emergency Transportation
35.	Emergency Services to Aliens
36.	Federally Qualified Health Center Services
37.	Case Management Services
38.	(Blank)
39.	Respiratory Services
40.	Personal Care Services
41.	Private Duty Nursing
42.	Therapies
43.	Durable Medical Equipment including Prosthetic Devices and Orthotics
44.	Inpatient Psychiatric Services for Individuals under 21
45.	Transplants
46.	Dental Services
47.	1915(j) Self Directions Methodology
48.	Cancer Hospitals Reimbursement Methodology
	Supplement I: Payment of Medicare Parts A, B and C Deductibles and Coinsurance
	Supplement II: FQHC Reimbursement Plan
	Supplement III: County Health Department Reimbursement Plan
	Exhibit I: Outpatient Hospital Reimbursement Plan