

Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 20-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 23, 2020

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

RE: Florida State Plan Amendment 20-0010

Dear Ms. Kidder:

We have reviewed the proposed to Attachment 4.19-B of your Medicaid state plan submitted under transmittal number 20-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2020. The amendment includes language regarding Multi-Visceral Transplant Reimbursement for services outlined within the State Plan updating the global facility rate for multi-visceral transplants and intestine transplants. The effective date for this amendment will be July 1, 2020.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst Moshe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 1 0

2. STATE

FL

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020

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 447

7. FEDERAL BUDGET IMPACT

a. FFY ²⁰⁻²¹ \$ 736,780

b. FFY ²¹⁻²² \$ 2,210,339

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 45

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B Page 45

10. SUBJECT OF AMENDMENT

Multi-Visceral Transplant Reimbursement

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

1. AGENCY OFFICIAL

13. TYPED NAME

Beth Kidder

14. TITLE

Medicaid Director

15. DATE SUBMITTED

9/30/20

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

9/30/2020

18. DATE APPROVED

12/23/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

METHODS USED IN ESTABLISHING PAYMENT
RATES

Reimbursement rates for globally paid transplants include adult (age 21 and over) heart, liver, lung and intestine/multivisceral and pediatric (age 20 and under) lung and intestine multivisceral transplant services, which are paid the actual billed charges up to a global maximum rate established by the Agency. (See global rates below) These payments will be made to physicians and facilities that have met specified guidelines and are established as Medicaid-designated transplant centers. The global maximum reimbursement for transplant surgery services is an all- inclusive payment that encompasses the date of transplantation and extends through 365 days post facility discharge of transplant related care. The Agency's global reimbursement rates are effective for services provided on or after July 1, 2020.

All other transplant rates are published on the Agency's website at <http://portal.flmmis.com/flpublic>.

Only one provider may bill for the transplant phase.
Global maximum rates for transplantation surgery are as follows:

Adult Heart	
Facility	Physician
\$135,000	\$27,000

Adult Liver	
Facility	Physician
\$95,600	\$27,000

Adult Lung	
Facility	Physician
\$205,000	\$33,000

Pediatric Lung	
Facility	Physician
\$280,000	\$40,800

Adult and Pediatric Intestinal/Multi-visceral	
Facility	Physician
\$972,232	\$50,000