Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 18-0009

This file contains the following documents in the order listed:

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

December 13, 2018

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

RE: Title XIX State Plan Amendment, FL 18-0009

Dear Ms. Kidder:

We have reviewed the proposed Medicaid State Plan Amendment (SPA), submitted under transmittal number FL 18-0009. This SPA was initially submitted on September 21, 2018 with the a stated purpose to provide rate adjustment approved during the 2018 Florida Legislative Session, update the buyback provisions, and include technical and editorial changes.

Based on the information provided, this amendment was approved on December 12, 2018. The effective date is July 1, 2018. 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.

Sincerely,

/s/

Shantrina D. Roberts, MSN
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: 2018-009	2. STATE Florida
	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 July 1, 2018	

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: (in thousands) FFY 2017-2018 $(54) FFY 2018-2019 $(162)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Supplement 3, pages 1, 8, and 16	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19-B Supplement 3, pages 1, 8, and 16

10. SUBJECT OF AMENDMENT:
Update the buy-back provisions for county health department reimbursement.

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: Ms. Beth Kidder Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: Rules Unit
13. TYPED NAME: Ms. Beth Kidder	
14. TITLE: Deputy Secretary for Medicaid	
15. DATE SUBMITTED: 09/21/18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:09/21/18	18. DATE APPROVED: 12/12/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Operations

23. REMARKS:

FLORIDA TITLE XIX COUNTY HEALTH DEPARTMENT

REIMBURSEMENT PLAN

VERSION XVI

EFFECTIVE DATE: July 1, 2018

I. Cost Finding and Cost Reporting

A. Each county health department (CHD) participating in the Florida Medicaid program shall submit one complete, legible copy of a cost report to the Agency for Health Care Administration (AHCA), Bureau of Medicaid Program Finance, Division of Cost Reimbursement, postmarked or accepted by a common carrier no later than five calendar months after the close of its cost reporting year.

B. Cost reports available to AHCA pursuant to section IV of this plan, shall be used to initiate this plan.

C. Each CHD is required to detail costs for its entire reporting year, making appropriate adjustments as required by this plan for determination of allowable costs. A prospective reimbursement rate shall not be established for a CHD based on a cost report for a period less than 12 months. Interim rates shall be cost settled for the interim rate period.

D. The cost report shall be prepared in accordance with the method of reimbursement and cost finding of Title XVIII (Medicare) Principles of Reimbursement described in Title 42, Code of Federal Regulations (CFR), Chapter 413, and further interpreted by the Provider Reimbursement Manual, Centers for Medicare and Medicaid Services (CMS) Pub. 15-1, as incorporated by reference in Rule 59G-6.040, Florida Administrative Code (F.A.C.), except as modified by Title XIX of the Social Security Act (SSA), this plan, requirements of licensure and certification, and the duration and scope of benefits provided under the Florida Medicaid program.

a. In the event the total current reduction amount is greater than the historical reduction amount, AHCA shall hold the rate reduction to the historical reduction amount.

2. The recurring methodology includes an efficiency calculation where the reduction amount is subtracted from the CHD prospective rate to calculate the final prospective rate which cannot exceed the $180 ceiling rate or be lower than the $100 floor rate. If the floor rate is higher than the CHD prospective rate then use the CHD prospective rate which cannot exceed cost.

C. Applying Historical Reductions to Rates

1. Apply the first rate reduction based on the steps outlined in section V.A. The rates shall be proportionately reduced until the required savings is achieved.
2. Apply the first, and all subsequent rate reductions based on the steps outlined in section V.A. The rates shall be proportionately reduced until the required savings is achieved.
3. The unit cost for the current rate setting is compared to the budgeted unit cost for state fiscal year (SFY) 2010-2011 ($163.10). If the unit cost for the current rate setting is less than the budgeted unit cost for SFY 2010-2011, no further rate reduction is required.
4. Buy-back clinic services are provided $15,941,766 for rate reductions that were effective on or after July 1, 2008.
5. The total Buy-back amount cannot exceed the total rate reduction as listed in Appendix B.

VI. Payment Assurance

AHCA shall pay each CHD for services provided in accordance with the requirements of the Florida Title XIX County Health Department Reimbursement Plan and applicable state and federal rules and regulations. The payment amount shall be determined for each CHD according to the standards and methods set forth in the Florida Title XIX County Health Department Reimbursement Plan.

	Fifth Cut	12.42594%	$11,309,767
8.	**July 1, 2014**		
	First Cut	5.348313%	$3,490,065
	Second Cut	5.774361%	$3,566,556
	Third Cut	.127385%	$41,137
	Fourth Cut	30.663694%	$17,823,174
	Fifth Cut	14.105514%	$5,684,735
9.	**July 1, 2015**		
	First Cut	4.82554%	$799,883
	Second Cut	5.181325%	$817,414
	Third Cut	.111358%	$16,991
	Fourth Cut	27.33862%	$4,084,869
	Fifth Cut	12.0047%	$1,302,877
10.	**July 1, 2016**		
	First Cut	4.853741%	$506,286
	Second Cut	4.857250%	$517,382
	Third Cut	.106120%	$10,755
	Fourth Cut	25.53950%	$2,285,518
	Fifth Cut	10.93986%	$824,656
11.	**July 1, 2017**		
	First Cut	4.30639%	$557,405
	Second Cut	4.59882%	$569,622
	Third Cut	.100210%	$11,841
	Fourth Cut	24.11371%	$2,846,574
	Fifth Cut	10.13505%	$907,920
12.	**July 1, 2018**		
	First Cut	3.99593%	$486,427
	Second Cut	4.25347%	$497,088
	Third Cut	.092340%	$10,333
	Fourth Cut	22.22069%	$2,484,101
	Fifth Cut	9.112110%	$792,309