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State/Territory Name: FL

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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/ Division of Reimbursement Review

April 14, 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 (SPA) Transmittal Number 19-0002

Dear Ms. Kidder:

We have reviewed the proposed Florida State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 28, 2019. This plan amendment updates the Medical School Faculty Reimbursement Methodology for services outlined within the state plan.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2019. 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 Cheryl Wigfall at (803)252-7299 or Cheryl.Wigfall@cms.hhs.gov.

Sincerely,

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

Todd McMillion
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 2019-002	2. STATE Florida
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2019	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
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: 42 CFR 430.25	7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2018-2019 \$1,314.1 FFY 2019-2020 \$3,942.4
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B pg28a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B pg28a

10. SUBJECT OF AMENDMENT: Medical School Faculty Reimbursement Methodology

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:



13. TYPED NAME:

Ms. Beth Kidder

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

5/28/19

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: Cole Giering

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/28/19	18. DATE APPROVED: 
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/19	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Todd McMillion	22. TITLE: Director of Reimbursement Review

23. REMARKS:

MEDICAL SCHOOL FACULTY REIMBURSEMENT METHODOLOGY

REIMBURSEMENT - Eligible providers specified below will be reimbursed for services rendered to Florida Medicaid recipients who are not enrolled in a managed care plan. This excludes dually eligible Medicare and Medicaid recipients. The supplemental payments, which reflect the alternative fee schedule, will be made monthly based on the calculation of the differential amount between the base Medicaid payment and supplemental payment for allowable Current Procedural Terminology codes. Each Florida Medicaid covered medical (excluding vaccines, laboratory and radiology services), dental, and behavioral health billable code listed on the applicable Florida Medicaid fee schedule, will be reimbursed in accordance with the following payment methodology:

- (a) An average of the payments from the top five (5) commercial payers for each CPT code were provided to generate the Average Commercial Rate (ACR).
- (b) Both the Medicare rate and the ACR were multiplied by the Florida Medicaid fee-for-service (FFS) volume of services reimbursed for eligible CPT codes.
- (c) The statewide Medicare equivalent of the ACR was calculated by dividing the product of ACR and FFS volume by the product of the Medicare and FFS volume.
- (d) The calculated ACR pays at two-hundred-three percent of the 2018 Medicare Rate for eligible Florida Medicaid services.
- (e) The calculated ACR pays at two-hundred-three percent of the Florida Medicaid rate if the service is not covered by Medicare.
- (f) The ACR and Medicare percentages will be recalculated every three years.

ELIGIBLE PROVIDERS – Practitioners as defined under the Merit-based Incentive Payment System (MIPS), who are enrolled in Florida Medicaid, and employed by or contracted with a Florida public or private, non-profit, accredited medical, dental, or optometry school to provide supervision and teaching of medical, dental, or optometric students, residents, or fellows through application of the parameters of 42 CFR 447.304. The following medical school faculty physicians will receive the enhanced reimbursement: University of Florida – Jacksonville, University of Florida – Sacred Heart, University of Florida – Gainesville, University of Miami, University of South Florida, Florida International University, Florida State University – Lee Memorial Health System, Florida State University – Florida Medical Practice Plan, Florida State University - Sarasota, University of Central Florida, and Mount Sinai Teaching Faculty Practice. Eligible practitioners include qualifying faculty physicians and all allied health personnel under their supervision pursuant to the MIPS, who are eligible Florida Medicaid providers, and furnish Florida Medicaid reimbursable services.