

Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

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



Financial Management Group

September 19, 2019

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 19-0006

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 19-0006. This amendment proposes to continue UPL supplemental payments for eligible Cancer hospitals. 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 June 28, 2019. 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,

/s/

Kristin Fan
Director

cc:
Anna Dubois
Dan Yablochnikov

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. 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.

An additional one-time payment will be made to University of Miami Hospital and Clinics d/b/a Sylvester Comprehensive Cancer Center in the amount of \$5,917,930 for the quarter ending on 6/30/2019 and will be paid by 9/30/2019.

ELIGIBLE PROVIDERS - Cancer hospitals that meet the criteria under 42 USC s. 1395ww(d)(1)(B)(v) 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 2019-0006
Effective 06/28/2019
Supersedes 2017-013
Approval: ~~SEP 19 2019~~

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. These supplemental payments shall be made by the last day of the following quarter.

An additional one-time payment will be made to University of Miami Hospital and Clinics d/b/a Sylvester Comprehensive Cancer Center in the amount of \$1,590,974 during the quarter ending on 6/30/2019 and will be paid by 9/30/2019.

ELIGIBLE PROVIDERS - Cancer hospitals that meet the criteria under 42 USC s. 1395ww(d)(1)(B)(v), 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 2019-0006
Effective 06/28/2019
Supersedes 2017-013
Approval: SEP 19 2019