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State/Territory Name: Florida

State Plan Amendment (SPA) #: 21-0009

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
Dear Mr. Wallace:

We have reviewed the proposed Florida State Plan Amendment (SPA) 21-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2021. This plan amendment updates the Physician Supplemental Payment Methodology to align with changes from the General Appropriations Act.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. 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 Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
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
a. FFY 20-21   $ (1,874,967)  1,974,337
b. FFY 21-22   $ 5,993,010

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B pg 28a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B pg 28a

10. SUBJECT OF AMENDMENT
Physician Supplemental Payment Methodology

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Tori Wallace

14. TITLE
Deputy Secretary for Medicaid

15. DATE SUBMITTED
September 28, 2021

16. RETURN TO
Mr. Tom Wallace
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308
Attn: Cole Giering

17. DATE RECEIVED
September 28, 2021

18. DATE APPROVED
December 8, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS
Pen and ink change to Box 7 authorized via email 10/19/2021 (MW)
PHYSICIAN SUPPLEMENTAL PAYMENT 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 five percent of the 2018 Medicare Rate for eligible Florida Medicaid services. The calculated ACR for physicians employed by or contracted with a Florida public hospital pays at one-hundred sixty-two-point three percent of the 2021 Medicare rate for eligible Florida Medicaid Services.

(e) The calculated ACR for physicians employed or contracted by a Florida private, non-profit, accredited medical, dental, or optometry school pays at two-hundred five percent of the Florida Medicaid rate if the service is not covered by Medicare. The calculated ACR for physicians employed by or contracted with a Florida public hospital pays at one-hundred sixty-two-point 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 are either:

- employed by or contracted with a Florida public or private, non-profit, accredited medical, dental, or optometry school, including: University of Florida, University of Florida – Jacksonville, University of Miami, University of South Florida, Florida International University, Florida State University, and University of Central Florida, and Mount Sinai Teaching Faculty Practice, to provide supervision and teaching of medical, dental, or optometric students, residents, or fellows through application of the parameters of 42 CFR 447.304. or,
- employed by or contracted with a Florida public hospital.

Eligible practitioners include qualifying faculty physicians and all allied health personnel under their supervision pursuant to the Physician Quality Reporting System (PQRS), who are eligible Florida Medicaid providers, and furnish Florida Medicaid reimbursable services.