

Table of Contents

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

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

Mr. Tom Wallace
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive MS #8
Tallahassee, FL 32301

RE: Florida State Plan Amendment 21-0009

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	1. TRANSMITTAL NUMBER 2 1 — 0 0 9	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, 2021
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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 \$ (1,974,337) 1,974,337 b. FFY ²¹⁻²² \$ 5,923,010
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B pg 28a
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10. SUBJECT OF AMENDMENT
Physician Supplemental Payment Methodology

11. GOVERNOR'S REVIEW (Check One)

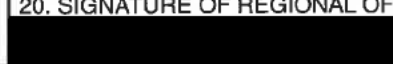
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308
13. TYPED NAME Tom Wallace	Attn: Cole Giering
14. TITLE Deputy Secretary for Medicaid	
15. DATE SUBMITTED September 28, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 28, 2021	18. DATE APPROVED December 8, 2021
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PLAN APPROVED - ONE COPY ATTACHED

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.

Amendment 2021-0009
Effective 7/1/2021
Supersedes 2019-0002
Approval 12/08/2021