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State/Territory Name: FLORIDA

State Plan Amendment (SPA) #: FL-23-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

December 15, 2023

Mr. Tom Wallace
Deputy Secretary for Health Care
Finance and Data
Agency for Health Care Administration
Tallahassee, FL 32301

RE: FLORIDA STATE PLAN AMENDMENT TN # 23-0008

Dear Deputy Secretary Wallace,

We have reviewed the proposed Florida State Plan Amendment (SPA) to Attachment 4.19-B which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2023. This plan amendment updates the Multi-Visceral Intestine Transplant reimbursement.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 4, 2023. 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 Ysabel Gavino at maria.gavino@cms.hhs.gov

Sincerely,

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

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 <u>2 3 — 0 0 0 8</u>	2. STATE <u>F L</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 4, 2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>22-23</u> \$ <u>104,357</u> b FFY <u>23-24</u> \$ <u>313,071</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B page 45</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B page 45</u>	

9. SUBJECT OF AMENDMENT
Multi-Visceral and Intestine Transplant Reimbursement

10. 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

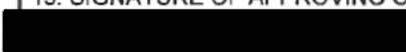
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Health Care Finance and Data Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #2 Tallahassee, FL 32301 Attention: Susan Hamrick
12. TYPED NAME Tom Wallace	
13. TITLE Deputy Secretary for Health Care Finance and Data	
14. DATE SUBMITTED <u>9-28-2023</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>September 28, 2023</u>	17. DATE APPROVED <u>December 15, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 4, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

METHODS USED IN ESTABLISHING PAYMENT RATES

Reimbursement rates for globally paid transplants include adult (age 21 and over) heart, liver, lung and intestine/multivisceral and pediatric (age 20 and under) lung and intestine multivisceral transplant services, which are paid the actual billed charges up to a global maximum rate established by the Agency. (See global rates below) These payments will be made to physicians and facilities that have met specified guidelines and are established as Medicaid-designated transplant centers. The global maximum reimbursement for transplant surgery services is an all- inclusive payment that encompasses the date of transplantation and extends through 365 days post facility discharge of transplant related care. The Agency's global reimbursement rates are effective for services provided on or after July 4, 2023.

All other transplant rates are published on the Agency's website at <http://portal.flmmis.com/flpublic>.

Only one provider may bill for the transplant phase.

Global maximum rates for transplantation surgery are as follows:

Adult Heart	
Facility	Physician
\$207,406	\$41,406

Adult Liver	
Facility	Physician
\$146,606	\$41,406

Adult Lung	
Facility	Physician
\$314,375	\$50,607

Pediatric Lung	
Facility	Physician
\$429,391	\$62,569

Adult and Pediatric Intestinal/Multi-visceral	
Facility	Physician
\$690,092	\$76,677