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State/Territory Name: FLORIDA

State Plan Amendment (SPA) #: FL-25-0015

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

October 8, 2026

Shevaun L. Harris
State Medicaid Director
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #2
Tallahassee, FL 32308

RE: TN 25-0015

Dear Medicaid Director Harris:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Florida State Plan Amendment (SPA) to Attachment 4.19-B FL-25-0015, which was submitted to CMS on December 23, 2025. This plan amendment updates the Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) reimbursement rates.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2025. 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 via email 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</u> <u>5</u> - <u>0</u> <u>0</u> <u>1</u> <u>5</u>	2. STATE <u>F</u> <u>L</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 491		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024-25</u> \$ <u>0</u> b FFY <u>2025-26</u> \$ <u>8,464,617</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 4.19-B pages 1,9,10 and 10a		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 4.19-B pages 1,9,10 and 10a	
9. SUBJECT OF AMENDMENT This amendment updates the state plan to align with the 2025 General Appropriations Act providing additional equal rate increases for Federally Qualified Health Centers and Rural Health Clinics.			
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. Brian Meyer Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, Florida 32308 Attention: Shanise Jackson	
12. TYPED NAME Brian Meyer		FOR CMS USE ONLY	
13. TITLE Deputy Secretary for Medicaid			
14. DATE SUBMITTED 12-23-2025		17. DATE APPROVED October 8, 2026	
PLAN APPROVED - ONE COPY ATTACHED			
16. DATE RECEIVED December 23, 2025		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			

The State authorizes CMS to make the following pen-and-ink change to the CMS Form 179: Ysabel Gavino 10/1/2026

Blocks 7 and 8: Add the applicable page reference, page 10a

**FLORIDA TITLE XIX FEDERALLY QUALIFIED HEALTH CENTER
AND RURAL HEALTH CLINIC
REIMBURSEMENT PLAN
VERSION VII
EFFECTIVE DATE: October 1, 2025**

I. Medicaid Method of Payment

- A. Each federally qualified health center (FQHC) and rural health clinic (RHC) in the Florida Medicaid program is subject to the Medicaid Prospective Payment System (PPS) under the authority of 1902(bb) of the Social Security Act (SSA) and Title 42, Code of Federal Regulation (CFR), section 405.2401 (b).
- B. Reimbursement authority for FQHC or RHC is as follows:
 - 1. The definition of an FQHC and RHC as contained in section 4161(a)(2) of the Omnibus Budget Reconciliation Act of 1990 as described in section 1861(aa)(1)(A)-(C) of the Social Security Act (SSA).
 - 2. The requirements created by the Agency for Health Care Administration (AHCA) for establishing and maintaining health standards under the authority of Title 42, CFR, section 431.610(c) and further interpreted by the Centers for Medicare and Medicaid Services (CMS) Pub. 15-1.
 - 3. Any other requirements for licensing under the state law which are necessary for providing FQHC or RHC services.

year 1999 and 2000 cost reports. Effective October 1, 2001, and every October 1 thereafter, the rate will be increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services for that fiscal year.

C. Setting Individual Center Encounter Rates - FQHC

1. For new providers entering the program, the initial encounter rate shall be established by taking an average of the encounter rates for centers in the same county.
2. In the absence of centers in the same county, encounter rate shall be established by taking an average of the encounter rates for centers in the same area (AHCA geographic area).
3. In the absence of centers in the same county and area, the facility encounter rate will be the reimbursement ceiling as defined in Section V.A.1.
4. All subsequent encounter rates shall be determined every October 1 by multiplying the encounter rate by the MEI for primary care services for the fiscal year.

D. Setting Individual Center Encounter Rates – RHC

1. For new providers entering the program, the initial encounter rate is determined by taking the average of the encounter rates for centers in the same county.
2. In the absence of centers in the same county, encounter rate shall be established by taking an average of the encounter rates for centers in the same area (AHCA geographic area).
3. In the absence of centers in the same county and area, the facility encounter rate will be the reimbursement ceiling as defined in Section V.A.1.
4. All subsequent encounter rates shall be determined every October 1 by multiplying the encounter rate by the MEI for primary care services for the fiscal year.

E. Alternative Payment Method (APM)

1. The APM is effective October 1, 2024. For each facility's PPS rate (FQHC/RHCs), as determined in Section IV(A) under Standards, which falls below the statewide average PPS rate must be increased to the statewide average rate. In order to receive the APM, each FQHC/RHC must agree to the APM in accordance to 1902(bb)(6) of the Social Security Act. The additional rate increase is subject to annual reconciliation. The annual reconciliation occurs during rate setting when the APM is applied to the base PPS rate. This reconciliation ensures that the amount paid through the APM is at least equal to the PPS rate.
2. The APM is effective October 1, 2025. For each facility's PPS rate (FQHC/RHCs) as determined in Section IV.A. under Standards, which is a base PPS rate, a fixed additional amount of \$6.18 shall be applied to each facility's established base PPS rate to determine a final PPS rate for the October 2025 rate setting. In order to receive the APM, each FQHC/RHC must agree to the APM in accordance to 1902(bb)(6) of the Social Security Act. The additional funding (\$6.18) is subject to annual reconciliation. The annual reconciliation occurs during rate setting when the APM is applied to the base PPS rate. This reconciliation ensures that the amount paid through the APM is at least equal to the PPS rate.
3. The APM is in accordance with the 1902(bb)(6) of the Social Security Act.

VI. Supplemental Payments

In accordance with section 1902(bb)(5) of the SSA, Florida Medicaid is required to make supplemental payments (at least quarterly) to FQHC's (provider type 68) and RHC's (provider type 66) that contract with Medicaid managed care plan representing

the difference, if any, between the Medicaid managed care plans' payment to the contracting FQHC/RHC and the payment to which the FQHC/RHC would be entitled for the services under the SSA. In order for this supplemental payment to apply, the FQHC/RHC shall have a contract with the Medicaid managed care plans providing services under the Statewide Medicaid Managed Care program. Physicians (provider type 25) are not eligible to receive supplemental payments.

Only claims filed with the Medicaid managed care plans using provider type 68 or 66 are eligible to receive Florida Medicaid supplemental payments.

1. FQHC requests for supplemental payments shall be submitted quarterly to Florida Medicaid, to be received no later than 30 days from the end of the quarter being reported.
2. RHC requests for supplemental payments may be submitted monthly to Florida Medicaid, to be received no later than 15 days from the end of the month being reported.
3. Supplemental payment instructions and electronic submission forms can be located on the Florida Medicaid Web site. The methodology for calculating the Florida Medicaid supplemental payments for FQHCs and RHCs includes a reconciliation of the payments and at least a quarterly payment schedule, which ensures that the payments are in accordance with section 1902(bb)(5) of the SSA.