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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



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

HEALTH CARE FINANCING ADMINISTRATION	·	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2019-0006	FL
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI	
	SOCIAL SECURITY ACT (MEDIC	(AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	June 28, 2019	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Julie 20, 2019	
5. TYPE OF PLAN MATERIAL (Check One):		
3. THE OFTEAN MATERIAL (Check One).		
☐ NEW STATEPLAN ☐ 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:	7. FEDERAL BUDGET IMPACT:	питенитені)
42CFR 447		10,306
42CFR 447		30,917
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	•
Attachment 4.19-A Part IV	OR ATTACHMENT (If Applicable	
Attachment419-B, pg48	Attachment 4.19-A Part IV	
Attachment 17-D, pg 40	Attachment419-B, pg48	
	Attachment 417-D, pg 40	
10. SUBJECT OF AMENDMENT:		
Florida Cancer Hospital Reimbursement Methodology		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	x□ OTHER, AS SPE	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		puty Secretary for Medicaid
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
//s//	Ms. Beth Kidder	
13. TYPED NAMEMs. Beth Kidder	Agency Secretary for Medicaid	
13. I II LD IVAIVILIVIS. Detti Kiddel	2727 Mahan Drive, Mail Stop #8	
14. TITLE:	Tallahas see, FL 32308	
Deputy Secretary for Medicaid		
15. DATE SUBMITTED:	1	
	Attention: Cole Giering	
17. DATERECEIVED:	18. DATEAPPROVED: 09/19/19	
06/30/19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
06/28/19	//s//	
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMG	
	, in the second of the second	
23. REMARKS:		

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.

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.