

RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

July 27, 2011

Ms. Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
Centers for Medicare and Medicaid Services  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303-8909

Dear Ms. Glaze:

Enclosed for your consideration is an amendment to our Title XIX Medicaid State Plan (SPA). The Transmittal Number is 2011-004, and the title is Health Insurance Premium Payment Program.

With this SPA, Florida Medicaid is establishing conditions and guidelines for recipient enrollment in employer-sponsored health programs.

Thank you for your consideration of this amendment. Please contact Robin Ingram of my staff by phone (850) 412-4017, or by email [Robin.Ingram@ahca.myflorida.com](mailto:Robin.Ingram@ahca.myflorida.com), if you need any additional information.


Sincerely,

Roberta K. Bradford  
Deputy Secretary for Medicaid

RKB/ri

Enclosures: State Plan Documents and Forms



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 2011-004	2. STATE Florida
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1906 of the Act		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2010-11     \$3,477 FFY 2011-12     \$14,057	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.22 Page 70, Attachment 4.22-C		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW	
10. SUBJECT OF AMENDMENT: Health Insurance Premium Payment Program			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ms. Roberta K. Bradford Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308  Attention: Robin Ingram	
13. TYPED NAME: Ms. Roberta K. Bradford			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 7/27/11			
17. DATE RECEIVED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: FLORIDA

Requirements for Enrollment in  
Employer Based Group Health Insurance

Enrollment in employer-sponsored health care coverage, if available and cost effective is a condition of eligibility for the recipient.

A. Cost Effectiveness

1. Enrollment in employer-sponsored health care coverage shall be considered cost effective when the amount of financial assistance provided for the recipient to pay the employee share of the employer-sponsored health care coverage does not exceed the amount of the Medicaid premium that would have been paid to a managed care plan for the recipient.
2. When determining cost effectiveness of employer-sponsored health care coverage, the Agency shall consider the following:
  - a. The cost of the Medicaid premium that would have been paid to a managed care plan for the recipient.
  - b. The employee share of the employer-sponsored health care coverage, including copayments and deductibles that the State may reimburse.
3. The employer-sponsored health care coverage shall be treated as a third party resource in accordance with federal third party liability requirements. When recipients are enrolled in employer-sponsored health care coverage, this coverage shall become the first source of health care benefits up to the limits of such coverage, prior to the availability of Title XIX benefits.

SPA TN: 2011-004  
Effective: July 1, 2011  
Supersedes: NEW  
Approval Date: \_\_\_\_\_

4. If Medicaid services covered under the State plan are not part of the services covered by a recipient's employer sponsored health care coverage, the recipient may obtain those services from participating Medicaid providers. These services are reimbursed at the State Medicaid rate.
5. The Agency shall pay all premiums, deductibles, coinsurance and other cost sharing obligations for items and Medicaid services covered under the State plan up to Medicaid's rate for recipients in employer-sponsored health care coverage, except for the cost sharing amounts permitted under the State plan which are the recipient's responsibility.

B. Cost Effectiveness Review

1. The Agency shall complete a cost effectiveness review at least once every six (6) months.
2. The Agency shall perform a cost effectiveness redetermination if:
  - a. The employee share of the employer-sponsored health care coverage changes;
  - b. Any of the individuals covered under the employer-sponsored health care coverage lose Medicaid eligibility; or
  - c. There is loss of employment.

C. Coverage of Non-Medicaid Family Members

The Agency shall pay the employee share of the employer-sponsored health care coverage when cost-effective regardless of whether all family members are Medicaid eligible. The Agency shall not pay a deductible, coinsurance, or other cost-sharing obligation, or provide for payment of services covered under the State Plan but not covered by the plan on behalf of a participating family member who is not Medicaid eligible.

SPA TN: 2011-004  
Effective: July 1, 2011  
Supersedes: NEW  
Approval Date: \_\_\_\_\_

Revision: HCFA-PM-86-3 (BERC)  
July 2011

State/Territory: Florida

Citation

4.22 (continued)

42 CFR 433.151(a)  
50 FR 46652

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following:  
(Check as appropriate.)

X State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)—

\_\_\_\_\_  
\_\_\_\_\_

Other appropriate agency(s) of another State—

\_\_\_\_\_  
\_\_\_\_\_

Courts and law enforcement officials.

42 CFR 433.151(b)  
50 FR 46652

- (g) The Medicaid agency meets the requirements of 42 CFR and 433.153 and 433.154 for making incentive payments and for distributing third party collections.

1906 of the Act

- (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

\_\_\_\_\_The Secretary's method as provided in the State Medicaid Manual, Section 3910.

XX The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN No.: 2011 - 004  
Supersedes  
TN No.: 1986 - 06

Approval Date: \_\_\_\_\_

Effective Date: July 1, 2011

Revision: HCFA-PM-86-3 (BERC)

~~March 1986~~ July 2011

State/Territory: Florida

Citation

4.22 (continued)

42 CFR 433.151(a)  
50 FR 46652

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following:  
(Check as appropriate.)

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\_\_\_\_\_  
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Courts and law enforcement officials.

42 CFR 433.151(b)  
50 FR 46652

(g) The Medicaid agency meets the requirements of 42 CFR and 433.153 and 433.154 for making incentive payments and for distributing third party collections.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

XX The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN No.: ~~1986-06~~ 2011-004

Supersedes

TN No.: 1986-006

Approval Date: \_\_\_\_\_

Effective Date: ~~4/1/86~~ July 1, 2011

**MEMORANDUM**

**TO:** Mary Kay Justis, Acting Associate Regional Administrator  
Centers for Medicare and Medicaid Services

**FROM:** Roberta K. Bradford, Deputy Secretary for Medicaid

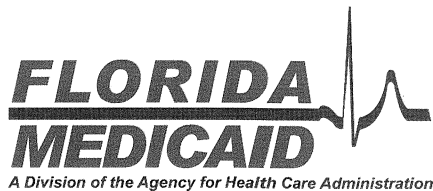
**DATE:** January 6, 2010

**RE:** American Recovery and Reinvestment Act (ARRA)  
Stimulus Funding Compliance Reassurances – Standard Responses

The state provides the following reassurances of compliance with the ARRA requirements on all State Plan amendments, waivers and waiver amendments, contract and contract amendments as specified below:

1. Maintenance of Effort - The Florida Legislature continued funding for the following programs to meet the Maintenance of Effort requirements: MEDS-AD Waiver and the Medically Needy program.
2. Local Match – The Florida Legislature did not impose any additional local funding requirements for the state share of the Florida Medicaid program.
3. Prompt Pay – Mechanisms are in place to assure Florida Medicaid’s conformity with prompt pay requirements, and we do not anticipate any issues meeting these requirements.
4. Rainy Day Funds – ARRA funds as appropriated by the Florida Legislature allowed for decreased demand for state revenue. Those “freed up” state funds were then used to fund other priority items in the state budget as approved by the Florida Legislature and Governor. None of the ARRA funds were used as rainy day funds or other reserve funds.
5. Eligible Expenditures (e.g. no DSH or other enhanced match payments) – Via Finance and Accounting systems, only eligible expenditures are being captured for ARRA funding purposes, and non-eligible expenditures are specifically excluded from ARRA expenditures as part of this Finance and Accounting process.





RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

June 1, 2011

Ms. Cassandra Osceola  
Health Director  
Miccosukee Tribe of Florida  
P.O. Box 440021, Tamiami Station  
Miami, FL 33144

Dear Ms. Osceola:

The State of Florida, Agency for Health Care Administration (Agency), anticipates submitting to the Centers for Medicare and Medicaid Services by August 1, 2011, an initial waiver request(s), waiver amendment(s) and/or state plan amendment(s) to implement the Statewide Medicaid Managed Care Program specified in House Bills 7107 and 7109. This letter is being sent to solicit comments from the Miccosukee Tribe of Florida on the Statewide Medicaid Managed Care Program. In addition, the tribe may want to attend one of the public meetings the Agency is holding across the state (see Attachment I) to obtain public input on the Statewide Medicaid Managed Care Program.

If you would like additional information or have any questions about the Statewide Medicaid Managed Care Program, please contact Linda Macdonald at (850) 412-4031.

Sincerely,

Roberta K. Bradford  
Deputy Secretary for Medicaid

RKB/lam  
Enclosure





# Attachment I

## Notice of Public Meetings

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The notice of public meeting/workshop/hearing was submitted to the Florida Administrative Weekly (FAW) and will be published in the FAW's June 3<sup>rd</sup> publication related to the public meetings to be held on the Statewide Medicaid Managed Care Program. This information will also be posted on the Agency for Health Care Administration (Agency) website [www.ahca.myflorida.com](http://www.ahca.myflorida.com).

The format and content of the Agency's presentation will be the same at each of the meetings and the meetings will include an opportunity for public comment.

### Notice of Meeting/Workshop/Hearing

The Agency announces a series of public meetings to which all persons are invited.

**DATE AND TIME:** June 10, 2011 from 1:00pm - 4:00pm

**PLACE:** Agency for Health Care Administration, Building 3, Conference Room A, 2727 Mahan Drive, Tallahassee, FL, 32308

**DATE AND TIME:** June 13, 2011 from 1:00pm - 4:00pmCT

**PLACE:** City Hall, Hagler/Mason Auditorium 2nd floor, 222 W. Main St., Pensacola, FL 32502

**DATE AND TIME:** June 14, 2011 from 9:00am – 12:00pm

**PLACE:** Department of Children and Families, 5920 Arlington Expressway, Jacksonville, FL 32211, Main Auditorium

**DATE AND TIME:** June 14, 2011 from 9:00am -12:00pm

**PLACE:** Hilton Palm Beach Airport, 150 Australian Avenue, West Palm Beach, FL 33406

**DATE AND TIME:** June 14, 2011 from 2:30pm – 5:30pm

**PLACE:** Alachua Regional Service Center, 14107 US Highway 441, Conf Rm 190-A, Alachua, FL 32615

**DATE AND TIME:** June 15, 2011 from 9:00am -12:00pm

**PLACE:** Mary Grizzle Building, Rooms 136 & 137, 11351 Ulmerton Road, Largo, FL 33778-1629

**DATE AND TIME:** June 16, 2011 from 9:00am – 12:00pm

**PLACE:** Florida Department of Transportation, Auditorium, 11201 N. McKinley Dr., Tampa, FL 33612

**DATE AND TIME:** June 16, 2011 from 9:00am – 12:00pm

**PLACE:** Marriott Fort Lauderdale North, 6650 North Andrews Avenue, Ft Lauderdale, FL 33309

**DATE AND TIME:** June 16, 2011 from 2:00pm – 5:00pm

**PLACE:** El Palacio, 21485 NW – 27th Avenue, Miami Gardens, FL 33056

**DATE AND TIME:** June 16, 2011 from 2:00pm – 5:00pm

**PLACE:** Medicaid Program Office, 400 West Robinson St., Hurston Building, Conference Rooms A&D – 1<sup>st</sup> Floor Orlando, FL 32801

**DATE AND TIME:** June 17, 2011 from 2:00pm – 5:00pm

**PLACE:** Joseph D'Alessandro Bldg., 2295 Victoria Avenue, Rm. 165, Fort Myers, FL 33901



RICK SCOTT  
GOVERNOR

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ELIZABETH DUDEK  
SECRETARY

June 1, 2011

Ms. Connie Whidden, MSW  
Health Director  
Seminole Tribe of Florida  
3006 Josie Billie Avenue  
Hollywood, FL 33024

Dear Ms. Whidden:

The State of Florida, Agency for Health Care Administration (Agency), anticipates submitting to the Centers for Medicare and Medicaid Services by August 1, 2011, an initial waiver request(s), waiver amendment(s) and/or state plan amendment(s) to implement the Statewide Medicaid Managed Care Program specified in House Bills 7107 and 7109. This letter is being sent to solicit comments from the Seminole Tribe of Florida on the Statewide Medicaid Managed Care Program. In addition, the tribe may want to attend one of the public meetings the Agency is holding across the state (see Attachment I) to obtain public input on the Statewide Medicaid Managed Care Program.

If you would like additional information or have any questions about the Statewide Medicaid Managed Care Program, please contact Linda Macdonald at (850) 412-4031.

Sincerely,

Roberta K. Bradford  
Deputy Secretary for Medicaid

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