



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 21, 2019

Statewide Medicaid Managed Care (SMMC) Contract Interpretation: 2019-03

Applicable to the **2018-2023 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: Cancer Hospital Reimbursement Requirements

In the 2018 General Appropriations Act, the Florida Legislature directed the Agency for Health Care Administration (Agency) to make directed payments to qualifying Florida cancer hospitals that meet the criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v) and are members of the Alliance of Dedicated Cancer Centers for services provided under the Statewide Medicaid Managed Care program. The directed payment must be made through a minimum fee schedule calculated as a supplemental per member per month payment. As such, the Agency identified the following two cancer hospitals as statewide essential providers in the February 2019 SMMC contract amendment for the purpose of fulfilling the directed payment requirements:

- H. Lee Moffitt Cancer Center located in region six (6); and
- University of Miami Hospital and Clinics d/b/a Sylvester Comprehensive Cancer Center located in region eleven (11). (Attachment II, Exhibit II-A, Section VIII.A.7.b.(5))

The purpose of this contract interpretation is to clarify the requirements for managed care plan reimbursements to designated cancer hospitals.

Managed care plans are not required to contract with the two aforementioned cancer hospitals as statewide essential providers. However, managed care plans operating in regions six (6) and eleven (11) are required to have an agreement with these two cancer hospitals for the purposes of complying with the payment requirements established in Attachment II, Exhibit II-A, Section VIII.A.7.c.(4).

Pursuant to Attachment II, Section XV.I.1., the managed care plan must submit, within twenty-one (21) days after the interpretation of the contract, a written dispute of the contract interpretation directly to the Deputy Secretary; this submission must include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.

Please submit such written requests to the following address:

Attn: Ms. Beth Kidder
Deputy Secretary for Medicaid
Agency for Health Care Administration
Attn: Managed Care Appeals/Disputes, MS #70
2727 Mahan Drive
Tallahassee, FL 32308



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If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a prominent loop at the end of the name.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr