

**MEDICAID IMPACT CONFERENCE
SFY2008/09 March 12, 2008**

Issue	Issue	Action	Proposed Start Date	General Revenue	Trust Fund	Total
1	Private Duty Nursing Rate Increase	Rate increase of \$10 per hour for Private Duty Nursing funded by an off-set in Hospital Inpatient Services.	Funding for this increase could not be generated through an offset from a reduction in length of stay for hospital inpatient services.			
2	Birthing Centers Rate Increase	Birthing center reimbursement increase for discussion.	1/1/2009	\$462,002	\$572,968	\$1,034,970
3	Expand Prior Authorization of Inpatient Hospital Services to include Elective Cesarean Sections	Provide estimate of the savings if there was a prior authorization required for elective Cesarean services.	1/1/2009	(\$560,313)	(\$695,994)	(\$1,256,308)
4	Home Health Services	Provide the estimated savings from decreasing the prior authorization period of home health aids health services.	N/A	\$0	\$0	\$0
5	Premiums	Provide an estimate of savings from imposing premiums for adults as approved under the Deficit Reduction Act (DRA)	7/1/2008	(\$3,000,420)	\$3,000,420	\$0
6	Non-Emergency Transportation	Reduce contract by 1%.	7/1/2008	(\$326,034)	(\$404,983)	(\$731,017)
7	Payment for Preventable Hospital Errors	Provide an estimate of savings by adopting the Medicare policy of no longer reimbursing hospitals for preventable errors.	7/1/2008	(\$96,179)	(\$119,468)	(\$215,647)
8	Developmental Disability Waiver Services Provided by State Plan in lieu of Waiver.	Provide an estimate of the savings achieved by providing waiver services provided to individuals under age 21 through the Medicaid state plan.	7/1/2008	\$515,037	\$678,007	\$1,193,044
9	Eliminate Optional Services for Adults (including HCBS)	Provide the estimated savings by eliminating all optional services for adults including HCBS.	Annualized	(\$1,464,547,690)	(\$3,222,730,101)	(\$4,687,277,791)
10	Eliminate Optional Services for Adults (excluding HCBS)	Provide the estimated savings by eliminating all optional services for adults excluding HCBS.	Annualized	(\$1,449,075,232)	(\$2,269,492,910)	(\$3,718,568,142)
11	HCBS Rates	Provide the estimated savings by reducing all HCBS waiver rates by 1%. Include all waivers. List estimates by waiver.	7/1/2008	(\$169,100)	(\$12,187,869)	(\$12,356,969)
12	Eliminate Optional Eligibility Groups	Provide estimated savings by eliminating optional eligibility groups. Provide an individual estimate by each optional eligibility group.	Annualized	(\$1,232,684,940)	(\$1,851,753,430)	(\$3,084,438,370)
13	Pregnant Women 150-185%	Provide the estimated savings from eliminating the pregnant women eligibility group from 150-185% FPL.	Annualized	(\$23,238,005)	(\$38,088,869)	(\$61,326,874)
14	Medically Needy (Ambulatory)	Provide the estimated savings by limiting the medically needy eligibility group to ambulatory services only.	Annualized	(\$100,733,533)	(\$125,430,663)	(\$226,164,196)
15	Reduce Medically Needy to Children and PW (All Services)	Provide estimated savings by eliminating medically needy except for children and Pregnant woman. (provide all services)	Annualized	(\$147,847,060)	(\$201,084,443)	(\$348,931,503)
16	Reduce Medically Needy to Children and PW (Ambulatory Services Only)	Provide estimated savings by eliminating medically needy except for children and Pregnant woman. (provide ambulatory services only)	Annualized	(\$170,678,248)	(\$229,513,220)	(\$400,191,468)
17	Eliminate MEDS AD Waiver	Provide estimated savings from eliminating MEDS AD waiver.	Annualized	(\$152,615,855)	(\$202,815,121)	(\$355,430,976)
18	Reduce Pharmacy Reimbursement	Provide estimated savings by reducing reimbursement of prescribed drugs from AWP minus 15.4%- to AWP minus 16.4%; and WAC plus 5.75% to WAC plus 4.75%.	7/1/2008	(\$4,343,431)	(\$5,395,197)	(\$9,738,628)
19	Estimate of Rebates for Physician Administered Drugs	Provide the estimated increase in rebates through collecting federal and supplemental rebates on physician administered drugs.	Implemented 4/1/2007	\$0	\$0	\$0
20	Pharmaceutical Expense Assistance	Provide an analysis of estimated savings due to reducing the appropriation for this program to the amount needed to fund the program for SFY08/09.	N/A	(\$152,135)	\$0	(\$152,135)

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21	ICF/DD Assessment	Provide an estimate of revenue generated by requiring an assessment of 1% net revenue to ICF/DD facilities.	Annualized	(\$3,198,044)	\$3,198,044	\$0
22	County Health Department Rates	Savings associated with reducing County Health Department Rates to County Hospital Billing Rates and creating a special payment to CPHU to exempt rates up to 95% of Costs if the county has sufficient county dollars to use a match or IGTs.	7/1/2008	(\$24,478,992)	(\$31,381,008)	(\$55,860,000)
23	County Health Department Rate Freeze/Reduction	Freeze reimbursement rate at the June 30, 2008 level. Provide a mechanism to calculate a % rate reduction in addition to the freeze.	7/1/2008	(\$5,187,647)	(\$6,562,828)	(\$11,750,475)
24	County Health Department Reduction	Provide the estimated savings by reducing the FY 2008-09 rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2008	(\$644,184)	(\$825,816)	(\$1,470,000)
25a	NH County Billing Increase 5%	Provide estimated savings by increasing the nursing home county contribution increase of 5%;	Annualized	(\$1,572,012)	\$1,572,012	\$0
25b	NH County Billing increase 10%	Provide estimated savings by increasing the nursing home county contribution increase of 10%;	Annualized	(\$3,144,024)	\$3,144,024	\$0
25c	NH County Billing Increase 15%	Provide estimated savings by increasing the nursing home county contribution increase of 15%;	Annualized	(\$4,192,032)	\$4,192,032	\$0
25d	NH County Billing Increase 20%	Provide estimated savings by increasing the nursing home county contribution increase of 20%;	Annualized	(\$5,764,044)	\$5,764,044	\$0
26	Nursing Home Provider Assessment	Provide an estimate of revenue generated by reestablishing the nursing home assessment from Chapter 92-319 Laws of Florida.	Annualized	(\$39,734,939)	\$39,734,939	\$0
27	Nursing Home Rate Freeze/Reduction	Provide estimated savings by freezing nursing home rates at the June 30, 2008 level. Provide a mechanism to calculate a % rate reduction in addition to the freeze. Include impact on Hospice Rates (Include impact to 2.9 staffing regulation).	7/1/2008	(\$79,789,507)	(\$99,353,504)	(\$179,143,011)
28	Nursing Home Rate Reduction	Provide the estimated savings by reducing the FY 2008-09 Nursing Home rates by 1%. Provide a mechanism to calculate the reduction. Include impact on Hospice rates. Include impact on 2.9 staffing regulation.	7/1/2008	(\$12,256,503)	(\$15,261,466)	(\$27,518,228)
29	Nursing Staffing Hours	Provide Savings associated with reducing Nurse Staffing Ratios from 2.9 to 2.6 Hours	Indeterminate	Indeterminate	Indeterminate	Indeterminate
30	Nursing Home Diversion Increase	Provide an estimate to increase the Nursing Home Diversion program by 1,000 slots.	7/1/2008	(\$3,322,733)	(\$4,137,376)	(\$7,460,109)
31	HMO Assessment	Provide an estimate of revenue by requiring an assessment of 1% of net revenue on HMO's in the state.	Annualized	(\$78,574,571)	\$78,574,571	\$0
32	HMO Rate Freeze/Reduction	Provide estimated savings by freezing HMO rates at the June 30, 2008 level. Provide a mechanism to calculate a % rate reduction in addition to the freeze.	7/1/2008	(\$68,861,398)	(\$87,180,391)	(\$156,041,398)
33	HMO Rate Reduction	Provide the estimated savings by reducing the FY 2008-09 HMO rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2008	(\$9,884,739)	(\$12,466,079)	(\$22,350,818)
34	Exclude retroactive claims from HMO rates	Provide the estimated savings by eliminating retroactive claims from HMO capitation rates.	Annualized	(\$10,339,538)	(\$12,874,512)	(\$23,214,050)
35	Hospital County Contributions	Provide the estimated savings by increasing the county contributions for hospital reimbursement by one day.	Annualized	(\$11,501,270)	\$11,501,270	\$0

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36a	Hospital IP Assessment to 1.75%	Provide an estimate of revenue generated from increasing the inpatient hospital assessment to 1.75%.	Annualized	(\$49,169,004)	\$49,169,004	\$0
36b	Hospital IP Assessment to 2%	Provide an estimate of revenue generated from increasing the inpatient hospital assessment to 2%.	Annualized	(\$98,338,008)	\$98,338,008	\$0
37	Hospital IP Rate Freeze & Reduction	Freeze reimbursement rate at the June 30, 2008 level. Provide a mechanism to calculate a % rate reduction in addition to the freeze. Include impact to HMO Rates.	7/1/2008	(\$40,643,596)	(\$50,707,553)	(\$91,351,149)
38	Hospital IP Reduction Only	Provide the estimated savings by reducing the FY 2008-09 Hospital Inpatient rates by 1%. Provide a mechanism to calculate the reduction. Include impact to HMO rates.	7/1/2008	(\$12,299,587)	(\$15,603,786)	(\$27,903,373)
39	Rural Hospital IP Exemptions	Provide the estimated expenditures between the exempt rate and the county ceiling target rate.	7/1/2008	(\$8,884,344)	(\$11,063,297)	(\$19,946,641)
40a	Reduce Hospital OP Cap to \$1,400	Provide the percent of adults subject to the cap that are spending up to the cap. Also provide estimates of savings due to reducing the cap from \$1,500 to \$1,400	Funding for expenditures above \$500 is funding through IGTs, therefore, no savings for GR for the Medicaid program are anticipated.			
40b	Reduce Hospital OP Cap to \$1,300	Provide the percent of adults subject to the cap that are spending up to the cap. Also provide estimates of savings due to reducing the cap from \$1,500 to \$1,300				
40c	Reduce Hospital OP Cap to \$1,200	Provide the percent of adults subject to the cap that are spending up to the cap. Also provide estimates of savings due to reducing the cap from \$1,500 to \$1,200				
40d	Reduce Hospital OP Cap to \$1,100	Provide the percent of adults subject to the cap that are spending up to the cap. Also provide estimates of savings due to reducing the cap from \$1,500 to \$1,100				
40e	Reduce Hospital OP Cap to \$1,000	Provide the percent of adults subject to the cap that are spending up to the cap. Also provide estimates of savings due to reducing the cap from \$1,500 to \$1,000				
41a	Hospital OP Assessment to 1.25%	Provide an estimate of revenue generated from increasing the outpatient hospital assessment to 1.25%	Annualized	(\$23,508,266)	\$23,508,266	\$0
41b	Hospital OP Assessment to 1.50%	Provide an estimate of revenue generated from increasing the outpatient hospital assessment to 1.50%	Annualized	(\$47,016,532)	\$47,016,532	\$0

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Issue	Issue	Action	Proposed Start Date	General Revenue	Trust Fund	Total
42	Hospital OP Rate Freeze & Reduction	Freeze reimbursement rate at the June 30, 2008 level. Provide a mechanism to calculate a % rate reduction in addition to the freeze. Include impact to HMO rates.	7/1/2008	(\$38,547,079)	(\$48,036,953)	(\$86,191,803)
43	Hospital OP Reduction Only	Provide the estimated savings by reducing the FY 2008-09 Hospital Outpatient rates by 1%. Provide a mechanism to calculate the reduction. Include impact to HMO rates.	7/1/2008	(\$3,185,990)	(\$4,057,116)	(\$7,243,106)
44	Rural Hospital OP Exemptions	Provide the estimated expenditures between the exempt rate and the county ceiling target rate.	7/1/2008	(\$287,146)	(\$356,679)	(\$643,825)
45	Eliminate Medipass \$3 Encounter Payment	Provide Savings associated with eliminating the \$3 MediPass Encounter Payment	Annualized	(\$10,648,108)	(\$13,346,738)	(\$23,994,846)
46a	Medipass Conversion 1 - Transfer Medipass to Managed Care Plans to Fullest Extent Possible (#1)	In non-reform counties containing two or more Medicaid managed care plans, provide the estimated savings by requiring new Medicaid recipients to choose managed care plans, not Medipass, and requiring existing Medipass recipients in such counties to transfer out of Medipass into managed care plans upon their re-determination over a period of 12 months. This would apply only to recipients who are subject to mandatory managed care enrollment. Assume the 65/35 ratio currently found in s. 409.9122(2)(f) and s. 409.9122(2)(k) is removed from statute. If these conditions were put into effect in certain counties on October 1, 2008, provide a savings estimate for FY 2008-09, and provide an annualized (post-phase-in) savings estimate separately, for each AHCA service area individually (not including Reform counties).	10/1/2008	(\$6,222,439)	(\$7,845,743)	(\$14,068,182)
46b	Medipass Conversion 2 - Transfer Existing MediPass Recipients Convert to Managed Care Plans Upon Re-determination If They Don't Choose to Stay in MediPass (#2)	In non-reform counties, provide the estimated savings when existing MediPass recipients who do not express a choice of coverage after being given 30 days to choose MediPass or a managed care plan upon re-determination, are assigned to managed care plans instead of remaining in MediPass? This would apply only to MediPass recipients who are subject to mandatory managed care enrollment and who fail to make a choice of coverage upon re-determination. For continuity of care, such recipients who are receiving health care treatment in an institution or facility on an inpatient basis during their 30-day choice period would be excluded. Assume the 65/35 ratio currently found in s. 409.9122(2)(f) and s. 409.9122(2)(k) is removed from statute. If these conditions were put into effect on October 1, 2008, provide a savings estimate for FY 2008-09, and provide an annualized savings estimate separately, for each AHCA service area individually (not including Reform counties). If necessary, provide a range of savings based on various assumptions about the percentage of existing MediPass recipients who would fail to choose (e.g. 20%, 35%, 50%, 65%, 80%)	N/A	\$0	\$0	\$0
46c	Combination of Medipass conversion (Refer to 46a and 46b)	What savings would be produced by implementing 46a only in AHCA areas 6 and 7, combined with implementing 46b in all other non-Reform counties?	Annualized	(\$1,650,279)	(\$2,080,801)	(\$3,731,080)

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47	KidCare 10% Requirement	Provide the estimated impact of removing the 10% enrollment requirement for full-pay enrollees.	Indeterminate	Indeterminate	Indeterminate	Indeterminate
48	KidCare PL/WL & FFP	Provide a breakout of KidCare FY 2008-09 estimates by Price Level and Workload and associate FMAP change.				
		FFP Impact (Price level and Workload)		\$5,187,471	(\$5,187,471)	\$0
		Price Level Increase		\$9,981,715	\$8,382,949	\$18,364,664
		Workload Increase		\$19,888,736	\$44,275,994	\$64,164,730
49	FHK Rate Freeze	Freeze FHK capitation rates at the June 30, 2008 level.	Annualized	(\$6,702,228)	(\$8,802,055)	(\$15,504,283)
50	Reduce Kidcare Rate	Reduce 2008-09 KidCare Capitation rates by 1%.	Annualized	(\$1,453,943)	(\$3,357,253)	(\$4,811,196)
51	Dental Services Fee Increase	Issue requests a 20% increase in Dental Rates. (As reflected in 2008 Gov. budget)	7/1/2008	\$7,068,047	\$8,850,130	\$15,918,177
52	Home Health & PDN Increase	Issue requests a 5% increase in fees for these providers. (As reflected in 2008 Gov. budget)	7/1/2008	\$5,325,050	\$6,347,489	\$11,672,539
53	Physician Specialty Fee Increase	Issue requests increasing current fees halfway to the Medicare rate. (As reflected in 2008 Gov. budget)	7/1/2008	\$14,360,445	\$18,043,708	\$32,404,153
54	Automated Point of Service Verification System	Provide an estimate of savings that may be generated by requiring in-home Medicaid providers to use a toll-free phone number to record check-in/check-out times and to document the services that have been provided.	7/1/2008	(\$2,574,963)	(\$3,206,275)	(\$5,781,238)