

# Medicaid Impact Conference Session 2009

March 16, 2009 Conference

Revision to March 03, 2009 Conference Document

# Medicaid Impact Conference Issues

March 16, 2009

#	Issue	Action	Proposed Start Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
1	Premiums	Provide an estimate of savings from imposing premiums for adults as approved under the Deficit Reduction Act (DRA)	N/A	\$0	\$0	\$0
2	Payment for Preventable Hospital Errors	Provide an estimate of savings by expanding the policy of no longer reimbursing hospitals for preventable errors to the full Medicare policy.	Pending	Pending	Pending	Pending
3	Eliminate Optional Services for Adults (including HCBS)	Provide the estimated savings by eliminating all optional services for adults including HCBS.	10/1/2009	(\$1,139,692,784)	(\$3,819,790,556)	(\$4,959,483,340)
4	Eliminate Optional Services for Adults (excluding HCBS)	Provide the estimated savings by eliminating all optional services for adults excluding HCBS.	10/1/2009	(\$1,128,615,977)	(\$2,971,081,713)	(\$4,099,697,690)
5	Pharmaceutical Expense Assistance	Provide an analysis of estimated savings due to reducing the appropriation for this program to the most recent FY 2009-10 estimate.	7/1/2009	(\$250,000)	\$0	(\$250,000)
6	Nursing Home/Hospice Rate Reduction	Provide the estimated savings by reducing the FY 2009-10 Nursing Home/Hospice rates by 1%. Provide a mechanism to calculate the reduction. Include impact on Hospice rates.	7/1/2009	(\$9,539,489)	(\$19,940,076)	(\$29,479,565)
7	Hospital Inpatient Rate Reduction	Provide the estimated savings by reducing the FY 2009-10 Hospital Inpatient rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2009	(\$11,799,931)	(\$20,941,087)	(\$32,741,018)
8	Hospital Outpatient Rate Reduction	Provide the estimated savings by reducing the FY 2009-10 Hospital Outpatient rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2009	(\$3,223,454)	(\$5,764,747)	(\$8,988,201)
9	HMO Rate Reduction	Provide the estimated savings by reducing the FY 2009-10 HMO Provider rates by 1%. Provide a mechanism to calculate the reduction.	9/1/2009	(8,364,789)	(17,598,178)	(25,962,967)
10	County Health Department Rates	Provide the estimated savings by reducing the FY 2009-10 County Health Department rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2009	(502,439)	(1,056,747)	(1,559,186)
11	ICF/DD Rate Reduction	Provide the estimated savings by reducing the FY 2009-10 ICF-DD Provider rates by 1%. Provide a mechanism to calculate the reduction.	10/1/2009	(777,731)	(1,625,640)	(2,403,371)
12	Nursing Home Diversion Disenrollment Penalty	Savings associated with assessing a disenrollment fee when plan member disenroll from the program and enroll in the Medicaid fee-for-service nursing facility program within two months. (AHCA Schedule VIII-B Issue)	9/1/2009	(\$2,916,186)	(\$6,095,514)	(\$9,011,700)

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#	Issue	Action	Proposed Start Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
13	Hospice	Savings associated with limiting hospice payments to the Medicare annual hospice aggregate amount for each individual.	7/1/2009	(\$5,844,030)	(\$12,223,817)	(\$18,067,847)
14	Hospice	Savings associated with eliminating hospice as an optional service. Provide savings net of add back for nursing home care.	10/1/2009	(22,722,830)	(47,505,101)	(70,227,931)
15	ALF Services	Savings associated with modifying Medicaid rules to allow state-licensed ALFs to offer on-site adult day care services (custodial care) as an alternative to the social rehabilitation program funded under the Medicaid rehabilitation option.	N/A	\$0	\$0	\$0
16	AHCA Call Center	Savings associated with eliminating the AHCA call center, include discussion on if this would be allowable under federal law.	N/A	\$0	\$0	\$0
17	Adult Vision Services	Savings associated with limiting eyeglasses to one new pair every two years and new lenses only every 365 days.	1/1/2010	(37,557)	(81,218)	(118,775)
18	HMO Assessment	Provide an estimate of revenue generated by requiring an assessment of net revenue to managed care organizations. Include the maximum allowable amount of 5.5% and a mechanism to calculate a lower amount.	Annualized	(\$479,876,796)	\$479,876,796	\$0
19	Hospital IP Assessment Increase .05%	Provide an estimate of revenue generated from increasing the inpatient hospital assessment by .05%.	Annualized	(\$10,183,157)	\$10,183,157	\$0
20	Hospital IP Assessment Increase 1%	Provide an estimate of revenue generated from increasing the inpatient hospital assessment by 1%.	Annualized	(\$203,663,132)	\$203,663,132	\$0
21	Hospital OP Assessment Increase 05%	Provide an estimate of revenue generated from increasing the outpatient hospital assessment by .05%	Annualized	(\$5,193,771)	\$5,193,771	\$0
22	Hospital OP Assessment Increase 1%	Provide an estimate of revenue generated from increasing the outpatient hospital assessment by 1%.	Annualized	(\$103,875,417)	\$103,875,417	\$0
23	ICF/DD Assessment	Provide an estimate of revenue generated by requiring an assessment of net revenue to ICF/DD facilities. Include the maximum allowable amount of 5.5% and a mechanism to calculate a lower amount.	Annualized	(\$22,346,245)	\$22,346,245	\$0
24	FHK Rate Freeze	Provide an estimate of the savings if FHK capitation rates were frozen at the June 30, 2009 level.	10/1/2009	(\$5,149,943)	(\$8,009,045)	(\$13,158,988)

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#	Issue	Action	Proposed Start Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
25	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.	1/1/2010	(\$1,870,809)	(\$3,910,429)	(\$5,781,238)
26a	Expand Fraud and Abuse Recoupment – Expand Home Health Prior Authorization	Provide an estimate of savings from expanding fraud and abuse initiatives/recoupment by Medicaid Program Integrity and Managed Care Organizations.	1/1/2010	(\$4,854,000)	(\$10,146,000)	(\$15,000,000)
26b	Expand Fraud and Abuse Recoupment – Create Bureau of Provider Relations	Provide an estimate of savings from expanding Cost Avoidance and Recoupment of Improper Payment strategies.	7/1/2009	(\$1,941,600)	(\$4,058,400)	(\$6,000,000)
27	Private MediGap Insurance/Medicare ESRD	Provide an estimate of savings by allowing Medicare patients under the age of 65 who are Medicare eligible due to ESRD to purchase private MediGap Insurance.	Annualized	(\$1,955,317)	(\$4,087,071)	(\$6,042,388)
28	Statewide Incontinence Management and Supply Program	Provide an estimate of savings from procuring a statewide contract for Incontinence Management and Supply Program.	N/A	\$0	\$0	\$0
29	Disease Management Contracts	Provide an estimate of savings if provisions of OPPAGA Research Memorandum-Options to Reduce Disease Management Program Costs-January 15, 2009 were implemented.	Pending	Pending	Pending	Pending
30	ITB Therapy vs. Botox	Provide an estimate of savings associated with implementing an ITB Therapy program as an alternative to Botox Therapy for spasticity patients.	7/1/2009	\$178,119	\$372,311	\$550,430
31a	APD Managed Care	Provide an estimate of savings associated with implementing managed care for Developmentally Disabled recipients for health care services only.	1/1/2010	(\$2,783,847)	(\$5,818,893)	(\$8,602,740)
31b	APD Managed Care	Provide an estimate of savings associated with implementing managed care for Developmentally Disabled recipients for waiver services only.	1/1/2010	\$0	\$0	\$0
32	Nursing Home Diversion	Provide an estimate of savings associated with increasing nursing home diversion slots by 1,000.	7/1/2009	(\$4,534,029)	(\$9,477,184)	(\$14,011,213)
33a	CHIPRA 2009 MANDATORY	Costs associated with implementing the mandatory provisions of CHIPRA 2009. Citizenship and identity documentation at application and renewal affects all CHIP programs.	1/1/2010	\$165,428	\$359,573	\$525,000
33b	CHIPRA 2009 MANDATORY	Costs associated with implementing the mandatory provisions of CHIPRA 2009. Mandatory coverage of dental benefits under certain benchmarks or actuarial equivalents to those benchmarks. Affects Healthy Kids only.	10/1/2009	\$0	\$0	\$0

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#	Issue	Action	Proposed Start Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
33c	CHIPRA 2009 MANDATORY	Costs associated with implementing the mandatory provisions of CHIPRA 2009. Mental health parity for CHIP.	10/1/2009	\$1,302,648	\$2,831,430	\$4,134,078
33d	CHIPRA 2009 MANDATORY	Costs associated with implementing the mandatory provisions of CHIPRA 2009. Reimburse Federally Qualified Health Centers and rural health clinics using Medicaid prospective payment system. Affects Healthy Kids only.	10/1/2009	\$2,605,296	\$5,662,860	\$8,268,156
33e	CHIPRA 2009 MANDATORY	Costs associated with implementing the mandatory provisions of CHIPRA 2009. 30 day grace period before cancellation of non-payment.	10/1/2009	\$0	\$0	\$0
33f	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. Cover pregnant women for 185% - 200% FPL with Title XXI funding.	1/1/2010	\$8,215,027	\$17,856,148	\$26,071,175
33g	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. If cover pregnant women for 185% - 200% FPL with Title XXI funding, then also provide presumptive eligibility.	1/1/2010	\$1,369,171	\$2,976,025	\$4,345,196
33h	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. Cover legal immigrant children and pregnant women during the first 5 years.	1/1/2010	\$6,099,735 (XXI) \$43,059,302 (XIX)	\$14,591,812 (XXI) \$52,585,527 (XIX)	\$20,691,546 (XXI) \$95,644,828 (XIX)
33i	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. Supplemental dental coverage to insured children without dental benefits.	1/1/2010	\$4,594,280	\$9,986,106	\$14,580,386
33j	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. 12 months continuous eligibility for all children in Medicaid and CHIP. Affects Medicaid only.	7/1/2009	\$9,268,979	\$11,319,601	\$20,588,580
33k	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. Provide presumptive eligibility for Medicaid and CHIP.	1/1/2010	\$8,829,380 (XXI) \$15,812,727 (XIX)	\$19,191,501 (XXI) \$19,311,056 (XIX)	\$28,020,881 (XXI) \$35,123,783 (XIX)
33l	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. Provide express lane eligibility (use eligibility determination from another program),	1/1/2010	\$51,992	\$113,009	\$165,000
33m	CHIPRA 2009 OPTIONAL	Costs associated with implementing the optional provisions of CHIPRA 2009. Provide increase in SCHIP income level to 300% FPL.	1/1/2010	\$23,318,677	\$55,783,039	\$79,101,716
34	Expand Consumer Directed Care - APD Waiver	Provide an estimate of savings associated with an achievable expansion of Consumer Directed Care Plus Program.	1/1/2010	(\$990,155)	(\$2,069,655)	(\$3,059,810)

# Medicaid Impact Conference Issues

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#	Issue	Action	Proposed Start Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
35a	SB 918 / HB 1329 KidCare Program	Costs associated with implementing: Establish good cause exceptions to wait period for voluntary cancellation of other health insurance coverage.	7/1/2009	\$2,033,377	\$4,867,709	\$6,901,086
35b	SB 918 / HB 1329 KidCare Program	Costs associated with implementing: Electronic verification of income.	7/1/2009	\$0	\$0	\$0
35c	SB 918 / HB 1329 KidCare Program	Costs associated with implementing: Add infants 0-1 year old to Full Pay program in MediKids.	7/1/2009	\$0	\$0	\$0
35d	SB 918 / HB 1329 KidCare Program	Costs associated with implementing: Continuity of coverage in transition from Medicaid to Title XXI	N/A	\$0	\$0	\$0
35e	SB 918 / HB 1329 KidCare Program	Costs associated with implementing: Reduce 6 month wait for subsidized coverage due to voluntary cancellation of other health insurance coverage to 60 days	7/1/2009	\$304,934	\$730,954	\$1,035,887
35f	SB 918 / HB 1329 KidCare Program	Costs associated with implementing: Reduce loss of coverage period for late payment of premium from 60 to 30 days	7/1/2009	\$2,102,490	\$5,040,826	\$7,143,316

# **ISSUE DETAIL**

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue #1**

<b>Proposal Name:</b>	Premiums
<b>Brief Description of Proposal:</b>	Provide an estimate of savings from imposing premiums for adults as approved under the Deficit Reduction Act (DRA)
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	N/A
<b>If not July 1, start date; please explain.</b>	This will require major system revisions, state plan amendment, rule promulgation.
<b>Total Cost/(Savings)/(Revenue):</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services, Program Analysis, Contract Management

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		<ul style="list-style-type: none"> <li>• Rule Development-90 days</li> <li>• FMMS programming to capture changes in reimbursement methodology</li> <li>• FMMS programming to capture information from the Department of Children and Families related to family size, income, and possible quarterly changes.</li> </ul>
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	Yes	Will require additional Department of Children and Families and Medicaid Contract Management staff to implement changes and monitor family income levels and changing premium amounts based on income levels.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Agency completed a cost sharing analysis November of 2007; Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

**Issue #1 Cont.**

<b>Lead Analyst:</b>	Michele Hudson, Medicaid Services
<b>Secondary Analyst:</b>	
<b>Assumptions (Data source and methodology):</b>	Premiums are only allowed for income greater than 150% of Poverty Line. Only ICP and Medically Needy Adults qualify under this criterion and ICP Adults are exempt. The Medically Needy population is the largest population impacted by this change, and since they are no longer eligible as of July 1, 2009, there are no savings.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$0)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #1 Cont.

## 1. Concerns Related to Implementation of DRA 2005 Premiums

- May create more expenditures for Medicaid to implement DRA premiums than actual dollars saved from its implementation, due to FMMIS system revisions and programming this would require.
- Currently, family units are not identified in FMMIS.
- Currently, family income levels of Medicaid individuals and family units are not available in FMMIS. This information would have to be transported from the Department of Children and Families (DCF) computer systems to Medicaid's computer system. Interfacing with the DCF computer system would be required.
- The "Florida System" itself would need to be modified to track medically needy family incomes, family units, individuals separating from family units; monthly and quarterly changes in income and family units. This information is not available in FMMIS.
- Additional full time employees may be required at the Department of Children and Families and Medicaid Contract Management to receive, manage, and oversee all of the new system information required to implement the DRA premiums. This initiative would involve the management of massive amounts of new information in the FMMIS. This may be beyond the scope of the new fiscal agent system capabilities, and thus, require additional state payments to the new fiscal agent just to handle something like this.
- If DRA authorized premiums are implemented and enforced, this will likely cause low-income individuals and families to decrease their use of necessary health care services.
- Beneficiary inability to pay premiums may prevent them from accessing health care services altogether.
- Premium collection: There would have to be a monitoring process to determine whether premiums are paid. There also would need to be a determination of what would be done if someone didn't pay their premium.
- Family units: There would have to be a determination of how to treat the family unit, whether individually or as a family for the purpose of establishing the premium. It must be noted that children may not be assessed premiums. If the parents don't pay the premium assessed for the family unit, do the parents or the entire family become ineligible for enrollment in the Medicaid program?
- The medically needy category of individuals is the only category that could be assessed premiums as a condition of enrolling in the Medicaid program. All other categories of recipients would be exempt from premium assessment

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 2**

<b>Proposal Name:</b>	Payment for Preventable Hospital Errors
<b>Brief Description of Proposal:</b>	Provide an estimate of savings by expanding the policy of no longer reimbursing hospitals for preventable errors to the full Medicare policy.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	A State Plan Amendment (SPA) approval from CMS and the administrative rule process must be completed for the Hospital Inpatient Reimbursement Plan and Hospital Services Handbook to incorporate this policy into rule.
<b>Total Cost/(Savings)/(Revenue):</b>	Pending
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Medicaid Program Analysis

## Key Elements:

### Yes/No

### Explanation and Time Frame

Key Elements:	Yes/No	Explanation and Time Frame
<b>I. Anticipated implementation time line and process.</b>		<u>SPA</u> - The amendment must be routed and approved by the Medicaid Deputy Secretary and sent to CMS for review and final approval. CMS has two 90-day review periods to approve. <u>System Changes</u> -The system must be programmed to accept the POA indicator and hospitals must report ICD-9 codes when requesting authorizations for hospital stays. <u>Administrative Rule (Reimbursement Plan and Hospital Services)</u> -The rule-making processing takes a minimum of 120 days and could take longer if there are significant stakeholder concerns or rule challenges.
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	S. 409.905, F.S.; S.409.908,F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan Amendments are required when rule changes are made.
<b>IV. Will this require the Procurement Process?</b>	Yes	If the peer review organization is used, this may require contract amendments and amendments to the audit contract. The target date for procuring the new PRO is 07/01/2009.
<b>V. Will this proposal require an administrative rule?</b>	Yes	The Hospital Inpatient Reimbursement Plan and Hospital Services Handbook as incorporated into rule.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

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## Analysis:

**Issue #2 Cont.**

<b>Lead Analyst:</b>	Mike Bolin
<b>Secondary Analyst:</b>	Medicaid Services
<b>Assumptions (Data source and methodology):</b>	Currently, Florida reimburses hospitals on a per diem rate which is based on the number of covered days, not diagnoses present on a claim. The original assumption of denying claims for a hospital acquired condition would result in denying other qualifying diagnoses present on the same claim, since there could be multiple diagnoses on a claim and there are issues with isolating and identifying the hospital acquired condition. A different methodology would need to be developed to adjust payments to reflect the additional cost for the hospital acquired condition. We have requested assistance of the hospital inpatient Peer Review Organization (PRO) in reviewing requests for extended hospital stays when there is one of the following preventable hospital errors: blood incompatibility, object left in patient following surgery, and air embolism. Additional errors are to be included to expand this list to the full Medicare policy. The cost for the PRO to review these inpatient stays is unknown at this time and thus the net fiscal impact is pending.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>			
<b>Total (Savings) Cost of Proposal:</b>			
<b>General Revenue:</b>			
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

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**Work Papers/Notes/Comments:**

**Issue #2 Cont.**

Section 5001(c) of the Deficit Reduction Act of 2005 requires Medicare to identify at least two conditions that are (a) high cost and/or high volume; (b) result in the assignment of a case to a diagnosis related grouper (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. In August 2007, Medicare published the FY2008 Inpatient Prospective Payment System (IPPS) Final Rule. The Final Rule included six conditions that when present trigger a higher payment under Medicare reimbursement methodology. For discharges after October 1, 2008, IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization (the condition was not present on admission to the hospital). Payment would be made under the Medicare reimbursement methodology as if the secondary diagnosis was not present.

Beginning October 1, 2007, Medicare IPPS hospitals must include present on admission indicators for the conditions identified by the Final Rule for consideration in adjusting Medicare reimbursement beginning October 1, 2008.

Florida pays hospitals on a per diem based on Medicaid allowable costs rather than on a DRG methodology. With the per diem payment methodology, the Florida Medicaid Management Information System cannot identify and exclude a specific diagnosis and the costs associated with that preventable medical error from the hospital per diem payment. The per diem rate is based on the number of covered days, not diagnoses present on a claim.

# Medicaid Impact Conference Issues

March 16, 2009

## Proposal: Issue # 3

<b>Proposal Name:</b>	Eliminate Optional Services for Adults (including HCBS)
<b>Brief Description of Proposal:</b>	Provide the estimated savings by eliminating all optional services for adults including HCBS.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Implementation would occur after July 1, 2009 due to DCF system changes and recipient notification. The timeline for these changes will vary depending on the populations targeted.
<b>Total Cost/(Savings)/(Revenue):</b>	(\$3,719,612,505)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		DCF would need programming time to modify the Florida System. Recipients must be notified in accordance of Federal requirements for change of coverage.
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	S. 409.906, F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	Florida's State Plan would need to be amended to remove optional services for adults that are currently covered.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	Chapter 59G-4 of the Florida Administrative Code would need to be amended, including several coverage and limitations handbooks.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	This would require approval from CMS to eliminate HCBS waivers and would require a transition plan for all HCBS waiver enrollees. As this has never been done before, we do not know what other requirements CMS may impose relating to the transition plan.
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #3 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Medicaid Services
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP).
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/03/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9	N/A	12
<b>Total (Savings) Cost of Proposal:</b>	(\$3,719,612,505)		(\$4,959,483,340)
<b>General Revenue:</b>	(\$854,769,587)		(\$1,139,692,784)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$2,310,298,956)		(\$3,080,398,608)
<b>Refugee Assistance Trust Fund:</b>	(\$1,971,491)		(\$2,628,654)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$315,258,332)		(\$420,344,442)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$237,314,139)		(\$316,418,852)

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #3 Cont.

	TOTAL	General Revenue	Medical Care TF	Refugee Assistance TF	Other State Funds	Grants and Donations TF
NURSING HOMES	\$1,983,634,893	\$641,904,251	\$1,341,730,642	\$0	\$0	\$0
PRESCRIBED MEDICINE	\$807,574,375	\$128,338,855	\$268,258,347	\$1,414,970	\$0	\$409,562,203
CLINIC SERVICES	\$34,472,372	\$11,109,710	\$23,222,080	\$140,582	0	\$0
STATE MENTAL HEALTH HOSPITALS	\$11,736,371	\$0	\$7,938,481	\$0	\$3,797,890	\$0
ADULT DENTAL	\$16,149,891	\$5,178,274	\$10,823,806	\$147,811	\$0	\$0
ADULT VISION,&HEARING	\$13,857,159	\$4,381,671	\$9,158,720	\$316,768	\$0	\$0
ICF-MR SUNLAND	\$107,780,950	\$0	\$72,903,034	\$0	\$34,877,916	\$0
ICF-MR COMMUNITY	\$228,206,329	\$73,847,568	\$154,358,761	\$0	\$0	\$0
BIRTHING CENTER SERVICES	\$984,020	\$318,429	\$665,591	\$0	\$0	\$0
HOSPICE	\$331,469,270	\$96,467,396	\$224,176,930	\$42,705	\$0	\$10,782,239
COMMUNITY MENTAL HLTH SERVICES	\$42,622,467	\$12,850,995	\$29,769,870	\$1,602	\$0	\$0
HOME & COMMUNITY BASED SERVICE	\$794,989,452	\$11,076,807	\$537,730,865	0	\$246,181,780	\$0
COMMUNITY SUPPORTED LA	\$31,666,319	\$0	\$21,419,098	\$0	\$10,247,221	\$0
ADULT CONGREGATE LIVING FACILITY	\$33,129,879	\$0	\$22,409,050	\$0	\$10,720,829	\$0
DIALYSIS CENTER	\$14,832,419	\$4,789,394	\$10,010,956	\$32,069	\$0	\$0
ASSISTIVE CARE SERVICES	\$32,735,523	\$0	\$22,142,307	\$0	\$10,593,216	\$0
HEALTHY START WAIVER	\$11,336,537	\$0	\$11,336,537	\$0	\$0	\$0
CAPITATED NURSING HOME DIVERSION	\$307,607,399	\$99,541,754	\$208,065,645	\$0	\$0	\$0
PREPAID HEALTH PLAN	\$118,504,642	\$38,180,011	\$79,806,068	\$518,563	0	\$0
CASE MANAGEMENT SERVICES	\$32,080,539	\$10,381,262	\$21,699,277	0	\$0	\$0
MEDIPASS SERVICES	\$4,112,534	\$1,326,407	\$2,772,543	\$13,584	\$0	\$0
	\$4,959,483,340	\$1,139,692,784	\$3,080,398,608	\$2,628,654	\$316,418,852	\$420,344,442

Begin 10/01/2009

Including HCBS	\$3,719,612,505	\$854,769,587	\$2,310,298,956	\$1,971,491	\$237,314,139	\$315,258,332
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# Medicaid Impact Conference Issues

March 16, 2009

## Proposal: Issue # 4

<b>Proposal Name:</b>	Eliminate Optional Services for Adults (excluding HCBS)
<b>Brief Description of Proposal:</b>	Provide the estimated savings by eliminating all optional services for adults excluding HCBS.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Implementation would occur after July 1, 2009 due to DCF system changes and recipient notification. The timeline for these changes will vary depending on the populations targeted.
<b>Total Cost/(Savings)/(Revenue):</b>	(\$3,074,773,268)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		DCF would need programming time to modify the Florida System. Recipients must be notified in accordance of Federal requirements for change of coverage.
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	S. 409.906, F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	Florida's State Plan would need to be amended to remove optional services for adults.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	Chapter 59G-4 of the Florida Administrative Code would need to be amended.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 4 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Medicaid Services
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP).
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/03/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9		12
<b>Total (Savings) Cost of Proposal:</b>	(\$3,074,773,268)		(\$4,099,697,690)
<b>General Revenue:</b>	(\$846,461,982)		(\$1,128,615,977)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$1,874,129,696)		(\$2,498,839,595)
<b>Refugee Assistance Trust Fund:</b>	(\$1,971,491)		(\$2,628,654)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$315,258,332)		(\$420,344,442)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$36,951,767)		(\$49,269,022)

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 4 Cont.

	TOTAL	General Revenue	Medical Care TF	Refugee Assistance TF	Other State Funds	Grants and Donations TF
NURSING HOMES	\$1,983,634,893	\$641,904,251	\$1,341,730,642	\$0	\$0	\$0
PRESCRIBED MEDICINE	\$807,574,375	\$128,338,855	\$268,258,347	\$1,414,970	\$0	\$409,562,203
CLINIC SERVICES	\$34,472,372	\$11,109,710	\$23,222,080	\$140,582	\$0	\$0
STATE MENTAL HEALTH HOSPITALS	\$11,736,371	\$0	\$7,938,481	\$0	\$3,797,890	\$0
ADULT DENTAL	\$16,149,891	\$5,178,274	\$10,823,806	\$147,811	\$0	\$0
ADULT VISION,&HEARING	\$13,857,159	\$4,381,671	\$9,158,720	\$316,768	\$0	\$0
ICF-MR SUNLAND	\$107,780,950	\$0	\$72,903,034	\$0	\$34,877,916	\$0
ICF-MR COMMUNITY	\$228,206,329	\$73,847,568	\$154,358,761	\$0	\$0	\$0
BIRTHING CENTER SERVICES	\$984,020	\$318,429	\$665,591	\$0	\$0	\$0
HOSPICE	\$331,469,270	\$96,467,396	\$224,176,930	\$42,705	\$0	\$10,782,239
COMMUNITY MENTAL HLTH SERVICES	\$42,622,467	\$12,850,995	\$29,769,870	\$1,602	\$0	\$0
DIALYSIS CENTER	\$14,832,419	\$4,789,394	\$10,010,956	\$32,069	\$0	\$0
ASSISTIVE CARE SERVICES	\$32,735,523	\$0	\$22,142,307	\$0	\$10,593,216	\$0
HEALTHY START WAIVER	\$11,336,537	\$0	\$11,336,537	\$0	\$0	\$0
CAPITATED NURSING HOME DIVERSION	\$307,607,399	\$99,541,754	\$208,065,645	\$0	\$0	\$0
PREPAID HEALTH PLAN	\$118,504,642	\$38,180,011	\$79,806,068	\$518,563	\$0	\$0
CASE MANAGEMENT SERVICES	\$32,080,539	\$10,381,262	\$21,699,277	\$0	\$0	\$0
MEDIPASS SERVICES	\$4,112,534	\$1,326,407	\$2,772,543	\$13,584	\$0	\$0
	\$4,099,697,690	\$1,128,615,977	\$2,498,839,595	\$2,628,654	\$49,269,022	\$420,344,442
<i>Begin 10/01/2009</i>						
Excluding HCBS	\$3,074,773,268	\$846,461,982	\$1,874,129,696	\$1,971,491	\$36,951,767	\$315,258,332

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 5**

<b>Proposal Name:</b>	Pharmaceutical Expense Assistance
<b>Brief Description of Proposal:</b>	Provide an analysis of estimated savings due to reducing the appropriation for this program to the most recent FY 2009-10 estimate.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$250,000)
<b>Bureau(s) Responsible for Administration:</b>	Pharmacy Bureau

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	No	The program is currently operational
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 5 Cont.

<b>Lead Analyst:</b>	Marie Donnelly
<b>Secondary Analyst:</b>	Fred Roberson
<b>Assumptions (Data source and methodology):</b>	Based on annual expenditure data for this program since its implementation in 2006, and year-to-date expenditures for FY 08/09.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/26/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$250,000)		
<b>General Revenue:</b>	(\$250,000)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 6**

<b>Proposal Name:</b>	Nursing Home/Hospice Rate Reduction
<b>Brief Description of Proposal:</b>	Provide the estimated savings by reducing the FY 2009-10 Nursing Home/Hospice rates by 1%. Provide a mechanism to calculate the reduction. Include impact on Hospice rates.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$29,479,565)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		Implement at July 1, 2009
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan amendments are required when rule changes are made.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	A rule change is required for this issue. If authority is granted, the policy would be effective July 1, 2009.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 6 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Eddy Stephens
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Reduction of 1% effective July 1, 2009.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$29,479,565)		
<b>General Revenue:</b>	(\$9,539,489)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$19,939,771)		
<b>Refugee Assistance Trust Fund:</b>	(\$305)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 6 Cont.

	1%	Reduction	
TOTAL COST		(\$29,479,565)	
TOTAL GENERAL REVENUE		(\$9,539,489)	
TOTAL MEDICAL CARE TRUST FUND		(\$19,939,771)	
TOTAL REFUGEE ASSISTANCE TF		(\$305)	
0.6764			
<b>NURSING HOMES</b>	From Impact conference	1%	Reduction
	43,257	43,257	0
SKILLED CARE CASELOAD	11,098	11,098	0
SKILLED CARE UNIT COST	\$5,433.57	\$5,379.24	(\$54.33)
SKILLED CARE TOTAL COST	\$723,621,649	\$716,385,666	(\$7,235,983)
CROSSOVER CASELOAD	477	477	0
CROSSOVER UNIT COST	\$2,116.27	\$2,116.27	\$0.00
CROSSOVER TOTAL COST	\$12,113,546	\$12,113,546	\$0
INTERMEDIATE CARE CASELOAD	30,390	30,390	0
INTERMEDIATE CARE UNIT COST	\$5,227.33	\$5,175.06	(\$52.27)
INTERMEDIATE CARE TOTAL COST	\$1,906,304,103	\$1,887,240,881	(\$19,063,222)
GENERAL CARE CASELOAD	1,292	1,292	0
GENERAL CARE UNIT COST	\$5,234.55	\$5,182.21	(\$52.34)
GENERAL CARE TOTAL COST	\$81,156,504	\$80,344,984	(\$811,520)
SPECIAL PAYMENTS TO NURSING HOMES	\$13,518,350	\$13,518,350	\$0
TOTAL COST	\$2,736,714,152	\$2,709,603,427	(\$27,110,725)
TOTAL GENERAL REVENUE	\$579,371,107	\$570,598,076	(\$8,773,031)
TOTAL MEDICAL CARE TRUST FUND	\$1,864,613,452	\$1,846,275,758	(\$18,337,694)
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$292,729,593	\$292,729,593	\$0



# Medicaid Impact Conference Issues

March 16, 2009

Issue # 6 Cont.

<b><u>HOSPICE</u></b>			
MEDICAID CASELOAD	8,005	8,005	0
MEDICAID UNIT COST	\$3,472.65	\$3,447.99	(\$24.66)
MEDICAID TOTAL COST	\$333,582,674	\$331,213,834	(\$2,368,840)
TOTAL COST	\$333,582,674	\$331,213,834	(\$2,368,840)
TOTAL GENERAL REVENUE	\$97,082,460	\$96,316,002	(\$766,458)
TOTAL MEDICAL CARE TRUST FUND	\$225,606,252	\$224,004,175	(\$1,602,077)
TOTAL REFUGEE ASSISTANCE TF	\$42,977	\$42,672	(\$305)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$10,850,985	\$10,850,985	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 7**

<b>Proposal Name:</b>	Hospital Inpatient Rate Reduction
<b>Brief Description of Proposal:</b>	Provide the estimated savings by reducing the FY 2009-10 Hospital Inpatient rates by 1%. Provide a mechanism to calculate the reduction.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$31,195,462)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	S. 409.908 (1), F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan amendments are required when rule changes are made.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	A rule change is required for this issue. If authority is granted, the policy would be effective July 1, 2009.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 7 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Wes Hagler
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Reduction of 1% effective July 1, 2009.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/16/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		12
<b>Total (Savings) Cost of Proposal:</b>	(\$31,195,462)		(\$32,741,018)
<b>General Revenue:</b>	(\$11,116,402)		(\$11,799,931)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$20,025,374)		(\$20,876,664)
<b>Refugee Assistance Trust Fund:</b>	(53,686)		(\$64,423)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

	1%	FY0910 reduction	Annual Reduction
TOTAL COST		(\$31,195,462)	(\$32,741,018)
TOTAL GENERAL REVENUE		(\$11,116,402)	(\$11,799,931)
TOTAL MEDICAL CARE TRUST FUND		(\$20,025,374)	(\$20,876,664)
TOTAL REFUGEE ASSISTANCE TF		(\$53,686)	(\$64,423)

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 7 Cont.

0.6764			
<b>HOSPITAL INPATIENT SERVICES</b>		1%	Reduction
MEDICAID CASELOAD	952,702	952,702	0
MEDICAID UTILIZATION RATE	2.81%	2.81%	0.00%
MEDICAID ADMISSIONS PER MONTH	26,738	26,738	0
MEDICAID DAYS PER ADMISSION	4.78	4.78	0.00
MEDICAID PER DIEM	\$1,528.83	\$1,513.54	(\$15.29)
MEDICAID TOTAL COST	\$2,346,768,259	\$2,323,300,576	(\$23,467,683)
AM-SURG CASELOAD	2,525,783	2,525,783	0
AM-SURG UTILIZATION RATE	0.08%	0.08%	0.00%
AM-SURG SERVICES/MONTH	1,970	1,970	0
AM-SURG UNIT COST	\$467.73	\$467.73	\$0.00
AM-SURG TOTAL COST	\$11,057,145	\$11,057,145	\$0
CHILD CASELOAD	1,507,601	1,507,601	0
CHILD UTILIZATION RATE	0.05%	0.05%	0.00%
CHILD SERVICES/MONTH	775	775	0
CHILD UNIT COST	\$6,600.31	\$6,600.31	\$0.00
CHILD TOTAL COST	\$61,382,891	\$61,382,891	\$0
SPECIAL PAYMENTS TO HOSPITALS	\$168,300	\$168,300	\$0
DISPROPORTIONATE SHARE	\$0	\$0	\$0
TOTAL COST	\$2,419,376,595	\$2,395,908,912	(\$23,467,683)
TOTAL GENERAL REVENUE	\$36,856,307	\$29,157,546	(\$7,698,761)
TOTAL MEDICAL CARE TRUST FUND	\$1,614,928,626	\$1,599,159,704	(\$15,768,922)
TOTAL REFUGEE ASSISTANCE TF	\$2,118,693	\$2,118,693	\$0
TOTAL PUBLIC MEDICAL ASSIST TF	\$476,820,000	\$476,820,000	\$0
TOTAL GRANTS AND DONATIONS TF	\$268,789,465	\$268,789,465	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL OTHER STATE FUNDS	\$19,863,504	\$19,863,504	\$0

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 7 Cont.

<b>PREPAID HEALTH PLAN</b>				
CASELOAD	804,977	804,977	0	
UNIT COST	\$231.07	\$230.11	(\$0.96)	0.995845483
TOTAL COST	\$2,232,109,280	\$2,222,835,945	(\$9,273,335)	
CASELOAD-MENTAL HEALTH	544,537	544,537	0	
UNIT COST	\$37.43	\$37.43	\$0.00	
TOTAL COST	\$244,568,022	\$244,568,022	\$0	
TOTAL COST	\$2,476,677,302	\$2,467,403,967	(\$9,273,335)	(\$7,727,779)
TOTAL GENERAL REVENUE	\$1,095,320,532	\$1,091,219,362	(\$4,101,170)	(\$3,417,641)
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,364,150,911	\$1,359,043,169	(\$5,107,742)	(\$4,256,452)
TOTAL REFUGEE ASSISTANCE TF	\$17,205,859	\$17,141,436	(\$64,423)	(\$53,686)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 8**

<b>Proposal Name:</b>	Hospital Outpatient Rate Reduction
<b>Brief Description of Proposal:</b>	Provide the estimated savings by reducing the FY 2009-10 Hospital Outpatient rates by 1%. Provide a mechanism to calculate the reduction.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$8,537,202)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	S. 409.908 (1), F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan amendments are required when rule changes are made.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	A rule change is required for this issue. If authority is granted, the policy would be effective July 1, 2009.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 8 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Wes Hagler
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Reduction of 1% effective July 1, 2009.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		12
<b>Total (Savings) Cost of Proposal:</b>	(\$8,537,202)		(\$8,988,201)
<b>General Revenue:</b>	(\$3,023,998)		(\$3,223,454)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$5,483,877)		(\$5,732,287)
<b>Refugee Assistance Trust Fund:</b>	(\$29,327)		(\$32,460)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

	1%	FY0910 reduction	Annual Reduction
TOTAL COST		(\$8,537,202)	(\$8,988,201)
TOTAL GENERAL REVENUE		(\$3,023,998)	(\$3,223,454)
TOTAL MEDICAL CARE TRUST FUND		(\$5,483,877)	(\$5,732,287)
TOTAL REFUGEE ASSISTANCE TF		(\$29,327)	(\$32,460)

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 8 Cont.

0.6764				
<b>HOSPITAL OUTPATIENT SERVICES</b>		1%		
MEDICAID CASELOAD	952,702	952,702		
MEDICAID UTILIZATION RATE	18.96%	18.96%		
MEDICAID SERVICES PER MONTH	180,619	180,619		
MEDICAID UNIT COST	\$289.85	\$286.95	(\$3)	
MEDICAID TOTAL COST	\$628,220,792	\$621,938,584	(\$6,282,208)	
CROSSOVER CASELOAD	419,718	419,718		
CROSSOVER UTILIZATION RATE	16.73%	16.73%		
CROSSOVER SERVICES/MONTH	70,237	70,237		
CROSSOVER UNIT COST	\$133.52	\$133.52		
CROSSOVER TOTAL COST	\$112,534,754	\$112,534,754		
SPECIAL PAYMENTS	\$0	\$0		
TOTAL COST	\$740,755,546	\$734,473,338	(\$6,282,208)	(\$6,282,208)
TOTAL GENERAL REVENUE	\$89,539,338	\$87,512,620	(\$2,026,718)	(\$2,026,718)
TOTAL MEDICAL CARE TRUST FUND	\$500,124,829	\$495,883,000	(\$4,241,829)	(\$4,241,829)
TOTAL REFUGEE ASSISTANCE TF	\$1,366,065	\$1,352,404	(\$13,661)	(\$13,661)
TOTAL PUBLIC MEDICAL ASSIST TF	\$75,000,000	\$75,000,000	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$74,725,314	\$74,725,314	\$0	\$0



# Medicaid Impact Conference Issues

March 16, 2009

Issue # 8 Cont.

<b><u>PREPAID HEALTH PLAN</u></b>				
CASELOAD	804,977	804,977		
UNIT COST	\$231.07	\$230.79	(\$0.28)	
TOTAL COST	\$2,232,109,280	\$2,229,403,287		
CASELOAD-MENTAL HEALTH	544,537	544,537		
UNIT COST	\$37.43	\$37.43		
TOTAL COST	\$244,568,022	\$244,568,022		
TOTAL COST	\$2,476,677,302	\$2,473,971,309	(\$2,705,993)	(\$2,254,994)
TOTAL GENERAL REVENUE	\$1,095,320,532	\$1,094,123,796	(\$1,196,736)	(\$997,280)
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,364,150,911	\$1,362,660,453	(\$1,490,458)	(\$1,242,048)
TOTAL REFUGEE ASSISTANCE TF	\$17,205,859	\$17,187,060	(\$18,799)	(\$15,666)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 9**

<b>Proposal Name:</b>	HMO Rate Reduction
<b>Brief Description of Proposal:</b>	Provide the estimated savings by reducing the FY 2009-10 HMO Provider rates by 1%. Provide a mechanism to calculate the reduction.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	09/01/2009
<b>If not July 1, start date; please explain.</b>	Normal rate setting schedule for HMOs
<b>Total Cost/(Savings)/(Revenue):</b>	(\$21,635,806)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		The implementation of this modification to HMO rate setting can occur within the normal SFY 2009-2010 rate setting schedule.
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	The Agency's capitation rate setting methodology is set in rule, so the rule will require modification.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

Analysis:

Issue # 9 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Reduction of 1% effective September 1, 2009.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	10		12
<b>Total (Savings) Cost of Proposal:</b>	(\$21,635,806)		(\$25,962,967)
<b>General Revenue:</b>	(\$6,970,657)		(\$8,364,789)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$14,570,473)		(\$17,484,567)
<b>Refugee Assistance Trust Fund:</b>	(\$94,676)		(\$113,611)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

<b>PREPAID HEALTH PLAN</b>		1%		
CASELOAD	1,153,360	1,153,360	0	
UNIT COST	\$187.70	\$185.82	(\$1.88)	
TOTAL COST	\$2,597,771,229	\$2,571,808,262	(\$25,962,967)	
CASELOAD-MENTAL HEALTH	544,302	544,302	0	
UNIT COST	\$36.53	\$36.53	\$0.00	
TOTAL COST	\$238,616,099	\$238,616,099	\$0	
TOTAL COST	\$2,836,387,328	\$2,810,424,361	(\$25,962,967)	(\$21,635,806)
TOTAL GENERAL REVENUE	\$913,831,710	\$905,466,921	(\$8,364,789)	(\$6,970,657)
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,910,143,912	\$1,892,659,345	(\$17,484,567)	(\$14,570,473)
TOTAL REFUGEE ASSISTANCE TF	\$12,411,706	\$12,298,095	(\$113,611)	(\$94,676)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 10**

<b>Proposal Name:</b>	County Health Department Rates
<b>Brief Description of Proposal:</b>	Provide the estimated savings by reducing the FY 2009-10 County Health Department rates by 1%. Provide a mechanism to calculate the reduction.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$1,466,917)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	S. 409.908 (19), F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	A reimbursement change to CHDs requires an amended reimbursement plan.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	This will require a rule change to 59G-6.090, F.A.C.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 10 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Wesley Hagler
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Reduction of 1% effective July 1, 2009.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	12
<b>Total (Savings) Cost of Proposal:</b>	(\$1,466,917)		(\$1,559,186)
<b>General Revenue:</b>	(\$472,712)		(\$502,439)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$988,085)		(\$1,050,223)
<b>Refugee Assistance Trust Fund:</b>	(\$6,120)		(\$6,524)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

	1%	
TOTAL COST	(\$1,466,917)	(\$1,559,186)
TOTAL GENERAL REVENUE	(\$472,712)	(\$502,439)
TOTAL MEDICAL CARE TRUST FUND	(\$988,085)	(\$1,050,223)
TOTAL REFUGEE ASSISTANCE TF	(\$6,120)	(\$6,524)

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 10 Cont.

<b>CLINIC SERVICES</b>	1%			
MEDICAID CASELOAD	952,702	952,702		
MEDICAID UTILIZATION RATE	4.85%	4.85%		
MEDICAID SERVICES PER MONTH	46,221	46,221		
MEDICAID UNIT COST	\$181.64	\$179.83	(\$1.81)	
MEDICAID TOTAL COST	\$100,748,642	\$99,743,069	(\$1,005,573)	
TOTAL COST	\$100,748,642	\$99,743,069	(\$1,005,573)	(\$1,005,573)
TOTAL GENERAL REVENUE	\$32,469,138	\$32,145,063	(\$324,075)	(\$324,075)
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$67,868,640	\$67,191,243	(\$677,397)	(\$677,397)
TOTAL REFUGEE ASSISTANCE TF	\$410,864	\$406,763	(\$4,101)	(\$4,101)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0
<b>PREPAID HEALTH PLAN</b>				
CASELOAD	1,153,360	1,153,360		
UNIT COST	\$187.70	\$187.66	-0.04	
TOTAL COST	\$2,597,771,229	\$2,597,217,616	(\$553,613)	
CASELOAD-MENTAL HEALTH	544,302	544,302		
UNIT COST	\$36.53	\$36.53		
TOTAL COST	\$238,616,099	\$238,616,099		
TOTAL COST	\$2,836,387,328	\$2,835,833,715	(\$553,613)	(\$461,344)
TOTAL GENERAL REVENUE	\$913,831,710	\$913,653,346	(\$178,364)	(\$148,637)
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,910,143,912	\$1,909,771,086	(\$372,826)	(\$310,688)
TOTAL REFUGEE ASSISTANCE TF	\$12,411,706	\$12,409,283	(\$2,423)	(\$2,019)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 11**

<b>Proposal Name:</b>	ICF/DD Rate Reduction
<b>Brief Description of Proposal:</b>	Provide the estimated savings by reducing the FY 2009-10 ICF/DD Provider rates by 1%. Provide a mechanism to calculate the reduction.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Rate Setting Period is October 1.
<b>Total Cost/(Savings)/(Revenue):</b>	(\$1,802,528)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.913 F.S.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan amendments are required when rule changes are made.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	A rule change is required for this issue. If authority is granted, the policy would be effective October 1, 2009.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Prior Impact Conference
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #11 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Wesley Hagler
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Reduction of 1% effective October 1, 2009.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9		12
<b>Total (Savings) Cost of Proposal:</b>	(\$1,802,528)		(\$2,403,371)
<b>General Revenue:</b>	(\$583,298)		(\$777,731)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$1,219,230)		(\$1,625,640)
<b>Refugee Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

Reduce ICFDD Rates			
FY0910			
	1%	Reduction	Annual Reduction
TOTAL COST		(\$1,802,528)	(\$2,403,371)
TOTAL GENERAL REVENUE		(\$583,298)	(\$777,731)
TOTAL MEDICAL CARE TRUST FUND		(\$1,219,230)	(\$1,625,640)



# Medicaid Impact Conference Issues

March 16, 2009

Issue #11 Cont.

0.6764				
<b>ICF-MR COMMUNITY</b>		1%	Reduction	Start 10/1/09
	2,127			
CASELOAD PRIVATE	1,397	1,397	0	
UNIT COST	\$8,689.85	\$8,602.95	(\$86.90)	
TOTAL COST	\$145,676,664	\$144,219,854	(\$1,456,810)	
CASELOAD CLUSTER	389	389	0	
UNIT COST	\$11,470.99	\$11,356.28	(\$114.71)	
TOTAL COST	\$53,546,568	\$53,011,115	(\$535,453)	
CASELOAD SIXBED	341	341	0	
UNIT COST	\$10,046.70	\$9,946.23	(\$100.47)	
TOTAL COST	\$41,111,081	\$40,699,973	(\$411,108)	
TOTAL COST	\$240,334,313	\$237,930,942	(\$2,403,371)	(\$1,802,528)
TOTAL GENERAL REVENUE	\$77,772,184	\$76,994,453	(\$777,731)	(\$583,298)
TOTAL MEDICAL CARE TRUST FUND	\$162,562,129	\$160,936,489	(\$1,625,640)	(\$1,219,230)
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 12**

<b>Proposal Name:</b>	Nursing Home Diversion Disenrollment Penalty
<b>Brief Description of Proposal:</b>	Savings associated with assessing a disenrollment fee when plan members disenroll from the program and enroll in the Medicaid fee-for-service nursing facility program within two months. (AHCA Schedule VIII-B Issue)
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	09/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$9,011,700)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	Disenrollment Fee will be implemented with the program contract for FY 2009-10. Waiver Amendment will be submitted as soon as budget is approved by the Governor. CMS approval for waiver amendment would be expected by October 31, 2009, and it could be made retroactive to July 1, 2009.
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	An approved amendment to the 1915 C Nursing Home Diversion Waiver would be needed prior to imposing fees or penalties for this program.
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated September 14, 2007
<b>IX. Is this proposal included in the current Governors recommendations?</b>	Yes	See Item 224 on page 43 of the Governor's Recommended Budget at <a href="http://www.thepeoplesbudget.state.fl.us/reports/governors_bill_2009.pdf">http://www.thepeoplesbudget.state.fl.us/reports/governors_bill_2009.pdf</a> .

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #12 Cont.

<b>Lead Analyst:</b>	Keith Young
<b>Secondary Analyst:</b>	Fred Roberson
<b>Assumptions (Data source and methodology):</b>	Savings are based on the Governor's budget recommendations.
<b>FY Impacted by Implementation:</b>	Keith Young
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	(\$9,011,700)		
<b>General Revenue:</b>	(\$2,916,186)		
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	(\$6,095,514)		
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

Enrollees	15,000
Discharge Rate (From Diversion to Nursing Home)	3.1%
Number of Individuals Enrolled in Nursing Homes	465
Disenrollment Penalty Per Individual	\$19,380
Total Penalty Amount for FY 2008-09	\$9,011,700

The average length of stay in a nursing home for a Nursing Home Diversion contract year is about six months for an individual disenrolled from Nursing Home Diversion. Assuming that nursing home cost is about \$5,008 per enrollee per month (\$164.73 per day times 30.4 days per month), and assuming that the average Nursing Home Diversion capitation payment in FY 2009-10 is about \$1,778 per enrollee per month, the average cost of disenrollment is \$19,380 per disenrolled individual. ( $\$5,008 - \$1,778 = \$3,230$  per month = \$19,380 for six months)

**These savings can be achieved through the updated rate methodology, and the Agency requests proviso to obtain flexibility in the rate development.**

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 13**

<b>Proposal Name:</b>	Hospice
<b>Brief Description of Proposal:</b>	Savings associated with limiting hospice payments to the Medicare annual hospice aggregate amount for each individual.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$18,067,847)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Chapter 409.906, Florida Statutes
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	Chapter 59G, Florida Administrative Code
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 13 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Wes Hagler
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Assumes no impact to Room and Board since Medicare does not cover.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$18,067,847)		
<b>General Revenue:</b>	(\$5,844,030)		
<b>Administrative Trust Fund:</b>	0		
<b>Medical Health Care Trust Fund:</b>	(\$12,215,401)		
<b>Refugee Assistance Trust Fund:</b>	(\$8,416)		
<b>Tobacco Settlement Trust fund:</b>	0		
<b>Grants and Donation Trust Fund:</b>	0		
<b>Public Medical Assistance Trust Fund:</b>	0		
<b>Other State Funds:</b>	0		

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #13 Cont.

Limit Hospice to Medicare Limit			
TOTAL COST		(\$18,067,847)	
TOTAL GENERAL REVENUE		(\$5,844,030)	
TOTAL MEDICAL CARE TRUST FUND		(\$12,215,401)	
TOTAL REFUGEE ASSISTANCE TF		(\$8,416)	
Medicare limit	\$22,386.15	Per person per year	
Excludes Room and Board			
Above limit	1018	\$37,854,086.52	\$37,184.76
all	5808	\$69,535,376.65	\$11,972.34
Below limit	4790	\$31,681,290.13	\$6,614.05
Reduce overs to limit	1018	\$22,789,100.70	\$22,386.15
08/09 Impact		(\$15,064,985.82)	0.2166521

0.6764							
<b>HOSPICE</b>	FY0910	Room and board	Other	09/10 Reduction		New Total	
MEDICAID CASELOAD	8,005	6,004	2,001	2,001	2,001	8,005	
MEDICAID UNIT COST	\$3,472.65	\$3,472.50	\$3,473.08				
MEDICAID TOTAL COST	\$333,582,674	\$250,187,006	\$83,395,668	-18,067,847	\$65,327,821	\$315,514,827	
TOTAL COST	\$333,582,674	\$250,187,006	\$83,395,668		\$65,327,821	\$315,514,827	(\$18,067,847)
TOTAL GENERAL REVENUE	\$97,082,460	\$70,099,100	\$26,983,360		\$21,139,330	\$91,238,430	(\$5,844,030)
TOTAL MEDICAL CARE TRUST FUND	\$225,606,252	\$169,204,688	\$56,401,564		\$44,186,163	\$213,390,851	(\$12,215,401)
TOTAL REFUGEE ASSISTANCE TF	\$42,977	\$32,233	\$10,744		\$2,328	\$34,561	(\$8,416)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0		\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$10,850,985	\$10,850,985	\$0		\$0	\$10,850,985	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 14**

<b>Proposal Name:</b>	Hospice
<b>Brief Description of Proposal:</b>	Savings associated with eliminating hospice as an optional service. Provide savings net of add back for nursing home care.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Delay to notify recipients per federal requirement
<b>Total Cost/(Savings)/(Revenue):</b>	(\$52,670,948)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Chapter 409.906, Florida Statutes
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	Chapter 59G, Florida Administrative Code
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #14 Cont.

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Wes Hagler
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP).
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9	N/A	12
<b>Total (Savings) Cost of Proposal:</b>	(\$52,670,948)		(\$70,227,931)
<b>General Revenue:</b>	(\$17,042,122)		(\$22,722,830)
<b>Administrative Trust Fund:</b>	0		0
<b>Medical Health Care Trust Fund:</b>	(\$35,622,040)		(\$47,496,053)
<b>Refugee Assistance Trust Fund:</b>	(\$6,786)		(\$9,048)
<b>Tobacco Settlement Trust fund:</b>	0		0
<b>Grants and Donation Trust Fund:</b>	0		0
<b>Public Medical Assistance Trust Fund:</b>	0		0
<b>Other State Funds:</b>	0		0



# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #14 Cont.

	Start 10/1/09	Net reduction
TOTAL COST	(\$52,670,948)	(\$70,227,931)
TOTAL GENERAL REVENUE	(\$17,042,122)	(\$22,722,830)
TOTAL MEDICAL CARE TRUST FUND	(\$35,622,040)	(\$47,496,053)
TOTAL REFUGEE ASSISTANCE TF	(\$6,786)	(\$9,048)

0.6764						
<b>HOSPICE</b>	FY0910	Room and board	Other		NET	Begin 10/1/09
MEDICAID CASELOAD	8,005	6,004	2,001	6,004		
MEDICAID UNIT COST	\$3,472.65	\$3,472.50	\$3,473.08	\$3,655.27		
MEDICAID TOTAL COST	\$333,582,674	\$250,187,006	\$83,395,668	\$263,354,743	(\$70,227,931)	
TOTAL COST	\$333,582,674	\$250,187,006	\$83,395,668	\$263,354,743	(\$70,227,931)	(\$52,670,948)
TOTAL GENERAL REVENUE	\$97,082,460	\$70,099,100	\$26,983,360	\$74,359,630	(\$22,722,830)	(\$17,042,122)
TOTAL MEDICAL CARE TRUST FUND	\$225,606,252	\$169,204,688	\$56,401,564	\$178,110,199	(\$47,496,053)	(\$35,622,040)
TOTAL REFUGEE ASSISTANCE TF	\$42,977	\$32,233	\$10,744	\$33,929	(\$9,048)	(\$6,786)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$10,850,985	\$10,850,985	\$0	\$10,850,985	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 15**

<b>Proposal Name:</b>	ALF Services
<b>Brief Description of Proposal:</b>	Savings associated with modifying Medicaid rules to allow state-licensed ALFs to offer on-site adult day care services (custodial care) as an alternative to the social rehabilitation program funded under the Medicaid rehabilitation option.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	N/A
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>		
<b>III. Will this proposal require a State Plan Amendment?</b>		
<b>IV. Will this require the Procurement Process?</b>		
<b>V. Will this proposal require an administrative rule?</b>		
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>		
<b>VII. Will this proposal require additional staffing?</b>		
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>		
<b>IX. Is this proposal included in the current Governors recommendations?</b>		

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

**Issue #15 Cont.**

<b>Lead Analyst:</b>	Wendy Smith / Barbara Butler-Moore
<b>Secondary Analyst:</b>	
<b>Assumptions (Data source and methodology):</b>	Not able to be implemented.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/26/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$0)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #15 Cont

This proposal would require that Assisted Living Facilities also be licensed as Adult Day Care Centers. Adult Day Care Services are not currently covered under the Medicaid State Plan. Adult Day Care Services are only covered under certain home and community-based services waiver programs for elder and disabled individuals who meet nursing home level of care. If Adult Day Care were added as a Medicaid state plan service, it would be difficult to limit to only being provided in ALFs; other adult day care centers would also qualify to provide the service.

Allowing billing for both adult day care and assisted living facility services could lead to a duplication of payment, as adult day care typically includes services that are covered in the Medicaid payment for assisted living facilities. Some of these duplicate services are: assistance with activities of daily living, assistance with self-administration and management of medication, and observation and reporting of the recipient's health status.

Psychosocial rehabilitation funded under Florida's rehabilitative option is a behavioral health care service. Psychosocial rehabilitation services combine daily medication use, independent living and social skills training, support to clients and their families, housing, pre-vocational and transitional employment rehabilitation training, social support and network enhancement, structured activities to diminish tendencies towards isolation and withdrawal and teaching of the recipient and family about symptom management, medication and treatment options. Activities include development and maintenance of necessary daily living skills; food planning and preparation; money management; maintenance of the living environment; and training in appropriate use of community services. These services are designed to assist the recipient to compensate for or eliminate functional deficits and interpersonal and environmental barriers created by their disabilities, and to restore social skills for independent living and effective life management. This activity differs from counseling and therapy in that it concentrates less upon the amelioration of symptoms and more upon restoring functional capabilities. The service may also be used to facilitate cognitive and socialization skills necessary for functioning in a work environment focusing on maximum recovery and independence. It includes work readiness assessment, job development on behalf of the recipient, job matching, on the job training, and job support. This service cannot be billed for custodial care, as described in the proposal.

If behavioral health services are provided to individuals in the ALF where they reside, there is concern that these facilities might be considered institutions for mental disease (IMD). Under federal law, individuals ages 21 to 64 residing in IMDs are not eligible for Medicaid. Under Florida's state plan, Medicaid behavioral health care services for adults in IMDs are covered in state mental hospitals for the age 65 and older population only.

# Medicaid Impact Conference Issues

March 16, 2009

## Proposal: Issue #16

<b>Proposal Name:</b>	AHCA Call Center
<b>Brief Description of Proposal:</b>	Savings associated with eliminating the AHCA call center, include discussion on if this would be allowable under federal law.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	N/A
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Contract Management

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>		
<b>III. Will this proposal require a State Plan Amendment?</b>		
<b>IV. Will this require the Procurement Process?</b>		
<b>V. Will this proposal require an administrative rule?</b>		
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>		
<b>VII. Will this proposal require additional staffing?</b>		
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>		
<b>IX. Is this proposal included in the current Governors recommendations?</b>		

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #16 Cont.

<b>Lead Analyst:</b>	Linda Macdonald
<b>Secondary Analyst:</b>	Medicaid Contract Management
<b>Assumptions (Data source and methodology):</b>	Required by federal law.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$0)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

## Work Papers/Notes/Comments:

42 CFR 438.10 requires that the State have in place a mechanism to help (Medicaid managed care) enrollees and potential enrollees understand the State's managed care program. Florida Medicaid changes in the managed care options occur on a regular basis. The State must have the call centers (ACS – Medicaid Options for non-reform & EDS – Choice Counseling for reform) to meet the federal requirements specified in 42 CFR 438.10. To date, call centers are the most effective mechanism to reach the large number of Medicaid recipients impacted by managed care nationally.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 17**

<b>Proposal Name:</b>	Adult Vision Services
<b>Brief Description of Proposal:</b>	Savings associated with limiting eyeglasses to one new pair every two years and new lenses only every 365 days.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	Due to required system changes, a 6-month lag is assumed.
<b>Total Cost/(Savings)/(Revenue):</b>	(\$59,388)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	<ul style="list-style-type: none"> <li>• Write a CSR to make system changes</li> <li>• Implement CSR</li> <li>• Update Visual Services Coverage and Limitations Handbook</li> <li>• Promulgate rule amendment</li> <li>• Provider notification</li> <li>• Fee schedule update</li> <li>• Website fee schedule update</li> </ul>
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Prior Medicaid Impact Conference
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #17 Cont.

<b>Lead Analyst:</b>	Wendy Smith
<b>Secondary Analyst:</b>	Fred Roberson / Karen Chang
<b>Assumptions (Data source and methodology):</b>	Based on February 2009 SSEC (Assumes Stimulus FMAP). Assumes a start date of 01/01/2010 due to required system and rule changes.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6	N/A	12
<b>Total (Savings) Cost of Proposal:</b>	(\$59,388)		(\$118,775)
<b>General Revenue:</b>	(\$18,778)		(\$37,557)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$39,252)		(\$78,503)
<b>Refugee Assistance Trust Fund:</b>	(\$1,358)		(\$2,715)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

Some recipients unable to tolerate bi- or multi-focal lenses need two pairs of eyeglasses; one for near vision and one for far. Others require 2 prescriptions for bifocals. Also older, senior recipients require eyeglass prescription changes more frequently due to changes in vision.

Limit adults to one pair of glasses per 12 month period and one frame every two years – begin 01/01/2010

	Begin 01/01/2010	Annual reduction
TOTAL COST	(\$59,388)	(\$118,775)
TOTAL GENERAL REVENUE	(\$18,778)	(\$37,557)
TOTAL MEDICAL CARE TRUST FUND	(\$39,252)	(\$78,503)
TOTAL REFUGEE ASSISTANCE TF	(\$1,358)	(\$2,715)



# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #17 Cont.

<b>ADULT VISION,&amp; HEARING</b>				
VISUAL SERVICES CASELOAD	734,845	734,845		
VISUAL SERVICES UTILIZATION RATE	6.59%	6.52%		
VISUAL SERVICES PER MONTH	48,456	47,923		
VISUAL SERVICES UNIT COST	\$18.58	\$18.58		
VISUAL SERVICES TOTAL COST	\$10,801,410	\$10,682,635	(\$118,775)	
CROSSOVER CASELOAD	734,845	734,845		
CROSSOVER UTILIZATION RATE	0.22%	0.22%		
CROSSOVER SERVICES/MONTH	1,592	1,592		
CROSSOVER UNIT COST	\$20.22	\$20.22		
CROSSOVER COST	\$386,288	\$386,288		
HEARING SERVICES CASELOAD	734,845	734,845		
HEARING SERVICES UTILIZATION RATE	0.17%	0.17%		
HEARING SERVICES PER MONTH	1,240	1,240		
HEARING SERVICES UNIT COST	\$179.40	\$179.40		
HEARING SERVICES TOTAL COST	\$2,669,461	\$2,669,461		
CROSSOVER CASELOAD	2,525,783	2,525,783		
CROSSOVER UTILIZATION RATE	0.00%	0.00%		
CROSSOVER SERVICES/MONTH	0	0		
CROSSOVER UNIT COST	\$0.00	\$0.00		
CROSSOVER COST	\$0	\$0		
TOTAL COST	\$13,857,159	\$13,738,384	(\$118,775)	(\$59,388)
TOTAL GENERAL REVENUE	\$4,381,671	\$4,344,114	(\$37,557)	(\$18,778)
TOTAL MEDICAL CARE TRUST FUND	\$9,158,720	\$9,080,217	(\$78,503)	(\$39,252)
TOTAL REFUGEE ASSISTANCE TF	\$316,768	\$314,053	(\$2,715)	(\$1,358)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue #18**

<b>Proposal Name:</b>	HMO Assessment
<b>Brief Description of Proposal:</b>	Provide an estimate of revenue generated by requiring an assessment of net revenue to managed care organizations. Include the maximum allowable amount of 5.5% and a mechanism to calculate a lower amount.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	{\$479,876,796} (Revenue)- using a 5.5% assessment
<b>Bureau(s) Responsible for Administration:</b>	Health Quality Assurance; Office of Insurance Regulation; Dept of Revenue

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		Depends on other agencies.
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Current provisions in statutes will need to be amended or new sections adopted. See the Additional Comments section below.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	Current rules will need to be amended or new rules adopted. See the Additional Comments section below.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	The premium tax for insurance companies is collected by the Department of Revenue. They would have to determine whether or not additional staff is needed.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #18 Cont.

<b>Lead Analyst:</b>	Tony Swinson, Medicaid Program Analysis
<b>Secondary Analyst:</b>	Tom Warring, Health Quality Assurance
<b>Assumptions (Data source and methodology):</b>	Used DFS-OIR NAIC Schedule T from the "Managed Care Quarterly Data Summary as of September 30, 2008", that shows HMO premiums for the 2008 calendar year through 9/30/08. Total premiums for calendar year 2008 were estimated by a straight line projection. The estimated annual premiums were adjusted to deduct Medicare, Federal Employees Plans, and the estimated federal share of Medicaid related premiums. The total for the estimated premiums subject to the assessment is \$8.7 billion.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/ 27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	\$0		
<b>General Revenue:</b>	(\$479,876,796)		
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>	\$479,876,796		

## Work Papers/Notes/Comments:

The HMO providers will probably oppose the assessment.

641.26, F.S., and 69O-137.001, F.A.C., requires every health maintenance organization to file with the Office of Insurance Regulation on or before March 1, an annual statement covering the preceding calendar year. Reports are also required for the first three calendar quarters ending on March 31, June 30, and September 30 of each year. The quarterly reports are to be filed within 45 calendar days after the end date of the quarter

# Medicaid Impact Conference Issues

March 16, 2009

**Work Papers/Notes/Comments:**

**Issue #18 Cont.**

641.26, F.S., and 690-137.002, F.A.C, requires every HMO to file an annual, audited financial statement with the Office of Insurance Regulation.

641.201, F.S., exempts HMOs from other provisions of the Florida Insurance Code except those provisions of the Florida Insurance Code that are explicitly made applicable to HMOs.

624.509, F.S., provides for a premium tax on certain insurers to be collected by the Department of Revenue on or before March 1 in each year, for premiums and other specified considerations received by the insurer during the preceding calendar year. 12B-8.001, F.A.C., provides for the rate and computation of the premium tax. The rule provides for installments of tax filed on April 15, June 15, and October 15 which shows the amount of tax due for the preceding quarter, except that the June 15 installment shall be for the period ending June 30. Payment of the estimated tax is due at the time the reports are filed. On or before March 1, an annual return shall be filed showing, by quarters, the gross amount of receipts taxable for the preceding year and the installment payments made during the year. A final payment of tax due for the preceding year shall be made at the time the annual report is filed.

The assumption is that Florida Statutes and Florida Administrative Code will be amended to provide for the 5.5 percent assessment on HMO premiums and that the assessment will be collected under provisions similar to 624.509 F.S, and 12B-8.001. F.A.C.

Re: Question whether amount of revenue should be reduced.

The estimated assessment collected in FY09-10 could be at the amount shown assuming that the assessment is implemented on HMO premiums effective 7/1/09. Current premiums tax/assessments for other insurers are collected on a calendar year basis. Under provisions of rule 12B-8.001, F.A.C., insurers' reports are due as follows:

Quarter ended March 31: Quarterly report due on April 15 with estimated tax for the quarter (3<sup>rd</sup> collection for FY 2009-10);  
Quarter ended June 30: Quarterly report due on June 15 (estimated for the period ended June 30) with estimated tax for the quarter (4<sup>th</sup> collection for FY 2009-10);  
Quarter ended September 30: Quarterly report due on October 15 with estimated tax for the quarter; (1<sup>st</sup> collection for FY 2009-10);  
Quarter ended December 31: Annual report due on March 1 with final payment of tax due for calendar year (2<sup>nd</sup> collection for FY 2009-10).

If assessment on HMO premiums is implemented in the same manner as the current tax on premiums for other insurers and the effective date of implementation is July 1, 2009, then all of the estimated assessments for FY 2009-10 would be due by June 15, 2010.

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #18 Cont.

Managed Care Organizations	Total Premiums	Accident & Health Premiums				Reported 1/1/08 - 9/30/08 9 Months	Projected 10/1/08-12/31/08 3 Months	Projected 1/1/08-12/31/08 12 Months
		Commercial	Medicare	Medicaid	Federal Employees			
AETNA HEALTH INC.	\$1,542,088,882	\$1,528,966,279	\$13,122,603	\$0	\$0	\$1,528,966,279	\$509,655,426	\$2,038,621,705
AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA	\$1,276,470	\$0	\$1,276,470	\$0	\$0	\$0	\$0	\$0
AMERICAN PIONEER HEALTH PLANS, INC.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMERIGROUP FLORIDA, INC.	\$364,046,774	\$76,951,025	\$4,460,303	\$282,635,446	\$0	\$168,411,855	\$56,137,285	\$224,549,140
AVMED, INC.	\$685,355,433	\$490,797,067	\$182,638,000	\$0	\$11,920,366	\$490,797,067	\$163,599,022	\$654,396,089
CAPITAL HEALTH PLAN, INC.	\$375,548,868	\$304,575,435	\$62,713,663	\$0	\$8,259,770	\$304,575,435	\$101,525,145	\$406,100,580
CAREPLUS HEALTH PLANS, INC.	\$614,980,657	\$0	\$614,980,657	\$0	\$0	\$0	\$0	\$0
CIGNA HEALTHCARE OF FLORIDA, INC.	\$48,322,572	\$48,322,572	\$0	\$0	\$0	\$48,322,572	\$16,107,524	\$64,430,096
CITRUS HEALTH CARE, INC.	\$227,941,783	\$1,080,384	\$167,716,532	\$59,144,867	\$0	\$20,219,663	\$6,739,888	\$26,959,551
FIRST MEDICAL HEALTH PLAN OF FLORIDA, INC.	\$382,098	\$0	\$382,098	\$0	\$0	\$0	\$0	\$0
FLORIDA HEALTH CARE PLANS, INC.	\$242,503,274	\$123,394,830	\$119,108,444	\$0	\$0	\$123,394,830	\$41,131,610	\$164,526,440
FREEDOM HEALTH, INC.	\$129,247,301	\$0	\$128,674,144	\$573,157	\$0	\$185,474	\$61,825	\$247,299
HEALTH FIRST HEALTH PLANS, INC.	\$283,389,725	\$89,952,137	\$193,437,588	\$0	\$0	\$89,952,137	\$29,984,046	\$119,936,183
HEALTH OPTIONS, INC.	\$676,919,040	\$469,324,320	\$207,594,720	\$0	\$0	\$469,324,320	\$156,441,440	\$625,765,760
HEALTHSEAS OF FLORIDA, INC.	\$354,435,799	\$12,334,723	\$0	\$342,101,076	\$0	\$123,038,631	\$41,012,877	\$164,051,508
HEALTHSPRING OF FLORIDA, INC.	\$296,288,459	\$0	\$296,288,459	\$0	\$0	\$0	\$0	\$0
HEALTHSUN HEALTH PLANS, INC.	\$29,008,278	\$0	\$29,008,278	\$0	\$0	\$0	\$0	\$0
HEALTHY PALM BEACHES, INC.	\$5,490,190	\$520,351	\$0	\$4,969,839	\$0	\$2,128,591	\$709,530	\$2,838,121
HUMANA ADVANTAGECARE PLAN, INC.	\$57,017,943	\$0	\$57,017,943	\$0	\$0	\$0	\$0	\$0
HUMANA MEDICAL PLAN, INC.	\$3,068,688,291	\$1,320,251,509	\$1,656,229,025	\$68,073,875	\$24,133,882	\$1,342,280,215	\$447,426,738	\$1,789,706,953
MEDICA HEALTH PLANS OF FLORIDA, INC.	\$1,289,495	\$1,289,495	\$0	\$0	\$0	\$1,289,495	\$429,832	\$1,719,327
MEDICA HEALTHCARE PLANS, INC.	\$126,383,579	\$0	\$126,383,579	\$0	\$0	\$0	\$0	\$0
MOLINA HEALTHCARE OF FLORIDA, INC.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	\$316,627,629	\$316,627,629	\$0	\$0	\$0	\$316,627,629	\$105,542,543	\$422,170,172
OPTIMUM HEALTHCARE, INC.	\$22,710,270	\$0	\$22,710,270	\$0	\$0	\$0	\$0	\$0
PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHYSICIANS UNITED PLAN, INC.	\$64,111,920	\$0	\$64,111,920	\$0	\$0	\$0	\$0	\$0
PREFERRED CARE PARTNERS, INC.	\$229,247,403	\$0	\$229,247,403	\$0	\$0	\$0	\$0	\$0
PREFERRED MEDICAL PLAN, INC.	\$97,209,805	\$56,740,100	\$0	\$40,469,705	\$0	\$69,836,097	\$23,278,699	\$93,114,796
QUALITY HEALTH PLANS, INC.	\$89,463,565	\$12,951,031	\$76,512,534	\$0	\$0	\$12,951,031	\$4,317,010	\$17,268,041
SUMMIT HEALTH PLAN, INC.	\$108,979,959	\$0	\$108,979,959	\$0	\$0	\$0	\$0	\$0
SUNSHINE STATE HEALTH PLAN, INC.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
THE PUBLIC HEALTH TRUST OF DADE COUNTY	\$89,647,135	\$47,547,609	\$0	\$42,099,526	\$0	\$61,171,016	\$20,390,339	\$81,561,355
TOTAL HEALTH CHOICE, INC.	\$27,441,276	\$20,697,343	\$0	\$6,743,933	\$0	\$22,879,680	\$7,626,560	\$30,506,240
UNITED HEALTHCARE OF FLORIDA, INC.	\$1,046,554,497	\$554,857,100	\$218,598,538	\$271,700,784	\$1,398,075	\$642,779,474	\$214,259,825	\$857,039,299
UNIVERSAL HEALTH CARE, INC.	\$161,100,058	\$9,397	\$141,899,263	\$19,191,398	\$0	\$6,219,733	\$2,073,244	\$8,292,977
VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.	\$247,905,683	\$87,338,154	\$113,964,721	\$41,308,215	\$5,294,593	\$100,705,492	\$33,568,497	\$134,273,989
VISTA HEALTHPLAN, INC.	\$527,205,095	\$407,136,752	\$43,071,548	\$76,996,795	\$0	\$432,052,915	\$144,017,638	\$576,070,553
WELLCARE OF FLORIDA, INC.	\$994,851,288	\$59,784,688	\$607,871,987	\$327,194,613	\$0	\$165,664,865	\$55,221,622	\$220,886,487
<b>TOTAL</b>	<b>\$13,153,660,494</b>	<b>\$6,031,449,930</b>	<b>\$5,488,000,649</b>	<b>\$1,583,203,229</b>	<b>\$51,006,686</b>	<b>\$6,543,774,496</b>	<b>\$2,181,258,165</b>	<b>\$8,725,032,661</b>

Assessment  
Percentage

5.50%

Estimated  
Assessment

\$479,876,796

Source of Data: "Managed Care Quarterly Data Summary as of September 30, 2008", Florida Office of Insurance Regulation

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 19**

<b>Proposal Name:</b>	Hospital IP Assessment Increase 0.05%
<b>Brief Description of Proposal:</b>	Provide an estimate of revenue generated from increasing the inpatient hospital assessment by .05%.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	Assessments could be implemented July 1, 2009. Collections would occur after implementation.
<b>Total Cost/(Savings)/{Revenue}:</b>	{\$10,183,157} – using previous assessment to 1.55%
<b>Bureau(s) Responsible for Administration:</b>	HQA; Program Analysis; Finance and Accounting

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Assessment percentages are established in S. 395.701, F. S.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #19 Cont.

<b>Lead Analyst:</b>	Ryan Fitch (HQA)
<b>Secondary Analyst:</b>	Tom Wallace
<b>Assumptions (Data source and methodology):</b>	Based on hospital financial data reported for fiscal years ending 2007
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/26/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$10,183,157)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	\$10,183,157		
<b>Other State Funds:</b>	(\$0)		

## Work Papers/Notes/Comments:

2007 Hospital Data	Current	Proposed
	Net Inpatient	Net Inpatient
	Assessment	Assessment
	at 1.5 percent	at 1.55 percent
Assessment Amount	\$305,494,699	\$315,677,855
Increase over current assessment		\$10,183,157

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 20**

<b>Proposal Name:</b>	Hospital IP Assessment Increase 1%
<b>Brief Description of Proposal:</b>	Provide an estimate of revenue generated from increasing the inpatient hospital assessment by 1%.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	Assessments could be implemented July 1, 2009. Collections would occur after implementation.
<b>Total Cost/(Savings)/{Revenue}:</b>	{\$203,663,132} – using previous assessment to 2.5%
<b>Bureau(s) Responsible for Administration:</b>	HQA; Program Analysis; Finance and Accounting

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Assessment percentages are established in S. 395.701, F. S.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #20 Cont.

<b>Lead Analyst:</b>	Ryan Fitch (HQA)
<b>Secondary Analyst:</b>	Tom Wallace
<b>Assumptions (Data source and methodology):</b>	Based on hospital financial data reported for fiscal years ending 2007
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/26/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$203,663,132)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	\$203,663,132		
<b>Other State Funds:</b>	(\$0)		

\* Note: The assessment revenue is treated as an offset to the General Revenue.

## Work Papers/Notes/Comments:

2007 Hospital Data	Current	Proposed
	Net Inpatient	Net Inpatient
	Assessment	Assessment
	at 1.5 percent	at 2.5 percent
Assessment Amount	\$305,494,699	\$509,157,831
Increase over current assessment		\$203,663,132

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 21**

<b>Proposal Name:</b>	Hospital OP Assessment Increase 0.05%
<b>Brief Description of Proposal:</b>	Provide an estimate of revenue generated from increasing the outpatient hospital assessment by .05%.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	Assessments could be implemented July 1, 2009. Collections would occur after implementation.
<b>Total Cost/(Savings)/{Revenue}:</b>	{\$5,193,771} using assessment to 1.05%
<b>Bureau(s) Responsible for Administration:</b>	HQA; Program Analysis; Finance and Accounting

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Assessment percentages are established in S. 395.701, F. S.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #21 Cont.

<b>Lead Analyst:</b>	Ryan Fitch (HQA)
<b>Secondary Analyst:</b>	Tom Wallace
<b>Assumptions (Data source and methodology):</b>	Based on hospital financial data reported for fiscal years ending 2007
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/26/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$5,193,771)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	\$5,193,771		
<b>Other State Funds:</b>	(\$0)		

## Work Papers/Notes/Comments:

2007 Hospital Data	Current	Proposed
	Net Outpatient	Net Outpatient
	Assessment	Assessment
	at 1.0 percent	at 1.05 percent
Assessment Amount	\$103,875,417	\$109,069,188
Increase over current assessment		\$5,193,771

# Medicaid Impact Conference Issues

March 16, 2009

## Proposal: Issue # 22

<b>Proposal Name:</b>	Hospital OP Assessment Increase 1%
<b>Brief Description of Proposal:</b>	Provide an estimate of revenue generated from increasing the outpatient hospital assessment by 1%.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	Assessments could be implemented July 1, 2009. Collections would occur after implementation.
<b>Total Cost/(Savings)/{Revenue}:</b>	{\$103,875,417} – using previous assessment to 2%
<b>Bureau(s) Responsible for Administration:</b>	HQA; Program Analysis; Finance and Accounting

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Assessment percentages are established in S. 395.701, F. S.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 22 Cont.

<b>Lead Analyst:</b>	Ryan Fitch (HQA)
<b>Secondary Analyst:</b>	Tom Wallace
<b>Assumptions (Data source and methodology):</b>	Based on hospital financial data reported for fiscal years ending 2007
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/26/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$103,875,417)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	\$103,875,417		
<b>Other State Funds:</b>	(\$0)		

## Work Papers/Notes/Comments:

2007 Hospital Data	Current	Proposed
	Net Outpatient	Net Outpatient
	Assessment	Assessment
	at 1.0 percent	at 2.0 percent
Assessment Amount	\$103,875,417	\$207,750,834
Increase over current assessment		\$103,875,417

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 23**

<b>Proposal Name:</b>	ICF/DD Assessment
<b>Brief Description of Proposal:</b>	Provide an estimate of revenue generated by requiring an assessment of net revenue to ICF/DD facilities. Include the maximum allowable amount of 5.5% and a mechanism to calculate a lower amount.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	{\$22,346,245}
<b>Bureau(s) Responsible for Administration:</b>	Health Quality Assurance

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Authorize Assessment
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State plan amendments are required when rule changes are made.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	A rule change is required for this issue. If authority is granted, the policy would be effective July 1, 2009
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

## Analysis:

<b>Lead Analyst:</b>	Wes Hagler
<b>Secondary Analyst:</b>	Eddy Stephens
<b>Assumptions (Data source and methodology):</b>	The revenue projected from the assessment at 5.5% is based on revenues from both the community and public entities. Revenue is estimated based on the SFY 08/09 budget.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 23 Cont.

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$22,346,245)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	\$22,346,245		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

## Work Papers/Notes/Comments:

- \$13,200,000 is the revenue projected from the community assessment at 5.5% based on revenues of 240M.
- \$9,146,245 is the revenue projected from the public assessment at 5.5% based on revenues of 166.3M.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 24**

<b>Proposal Name:</b>	FHK Rate Freeze
<b>Brief Description of Proposal:</b>	Provide an estimate of the savings if FHK capitation rates were frozen at the June 30, 2009 level.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/1/2009
<b>If not July 1, start date; please explain.</b>	Due to the contracting process and effective dates, this change would not be implemented prior to 10/1/09.
<b>Total Cost/(Savings)/(Revenue):</b>	(\$9,869,241)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		If freeze implemented, contract amendments may have to be executed prior to implementation.
<b>II. Will this proposal require a change in Florida Statute?</b>	unknown	A statute change may be necessary if a freeze in capitation rates resulted in a change to the benefit package (s. 409.815) or a change in the family's cost sharing (s. 409.816). Changes to both the benefit package and cost sharing are restricted by federal regulations; therefore, sufficient cost savings may not be achievable.
<b>III. Will this proposal require a State Plan Amendment?</b>	unknown	A State Plan Amendment may be necessary if a freeze in capitation rates resulted in a change to the benefit package or a change in the family's cost sharing. Changes to both the benefit package and cost sharing are restricted by federal regulations; therefore, sufficient cost savings may not be achievable.
<b>IV. Will this require the Procurement Process?</b>	Yes	Any change in funds available to FHKC would require an amendment to the AHCA/FHKC contract. This may also require an amendment to the contracts FHKC has with their plans.
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 24 Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	February 16, 2009 Kid Care SSEC SFY2009/10 & SFY2010/11
<b>FY Impacted by Implementation:</b>	SFY2009/10 & SFY2010/11
<b>Date Analysis Completed:</b>	3/2/2009

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9	12	12
<b>Total (Savings) Cost of Proposal:</b>	(\$9,869,241)	(\$34,816,051)	(\$13,158,988)
<b>General Revenue:</b>	(\$3,862,457)	(\$12,239,701)	(\$5,149,943)
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	(\$6,006,784)	(\$22,576,350)	(\$8,009,045)
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

Florida Healthy Kids Corporation was able to negotiate the rate freeze last year because they were in a bid process. The current health plan contract provides for actuarially justified rate increases. The contract does permit rejection of a rate increase but provides for the involvement of a third party actuary if a rate is denied and the findings of that third part are binding on the parties. It is uncertain that a rate freeze in some counties could be actuarially sound. Also, the contract does allow FHKC to non-renew (notice is due June 1) but in some counties there was only one bidder previously, so if FHKC non-renews the contract, there may be no other managed care option.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 24 Cont.

FHK	Estimated June 30, 2009 Level	Estimated SFY 2009-10 Amounts	Savings
Children	2,281,218	2,281,218	0
PMPM	\$102.74	\$108.51	(\$5.77)
Total Exp	\$234,372,337	\$247,531,325	(\$13,158,988)
Less: Family Contribution	(\$24,682,779)	(\$24,682,779)	\$0
Net Expenditures	\$209,689,559	\$222,848,546	(\$13,158,988)
Federal Share	\$144,767,578	\$152,776,622	(\$8,009,045)
State Share	\$64,921,981	\$70,071,924	(\$5,149,943)
FHK	Estimated June 30, 2009 Level	Estimated SFY 2010-11 Amounts	Savings
Children	2,514,912	2,514,912	0
PMPM	\$102.74	\$116.58	(\$13.84)
Total Exp	\$258,382,059	\$293,198,110	(\$34,816,051)
Less: Family Contribution	(\$27,211,347)	(\$27,211,347)	\$0
Net Expenditures	\$231,170,712	\$265,986,763	(\$34,816,051)
Federal Share	\$159,597,983	\$182,174,333	(\$22,576,350)
State Share	\$71,572,729	\$83,812,430	(\$12,239,701)

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 25**

<b>Proposal Name:</b>	Automated Point of Service Verification System
<b>Brief Description of Proposal:</b>	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.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$2,890,619)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	The provider handbook would have to be modified.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	The provider handbook would have to be modified.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Medicaid Impact Conference dated March 12, 2008
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #25 Cont.

<b>Lead Analyst:</b>	Medicaid Services
<b>Secondary Analyst:</b>	
<b>Assumptions (Data source and methodology):</b>	The level of savings is estimated to be 10% of the current expenditures minus the cost of the program. Initial implementation is anticipated for Miami-Dade county as a pilot for the program.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6	N/A	12
<b>Total (Savings) Cost of Proposal:</b>	(\$2,890,619)		(\$5,781,238)
<b>General Revenue:</b>	(\$1,287,482)		(\$1,870,809)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$1,603,138)		(\$3,910,429)
<b>Refugee Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

Total Spend for Services in Miami/Dade	\$85,983,591.92
10% Savings	\$8,598,359.19
Cost of Product	\$2,817,121.00
Net Savings	(\$5,781,238.19)
MCTF	(\$3,910,429.00)
GR	(\$1,870,809)

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 26a**

<b>Proposal Name:</b>	Expand Fraud and Abuse Recoupment – Expand Home Health Prior Authorization
<b>Brief Description of Proposal:</b>	Provide an estimate of savings from expanding fraud and abuse initiatives/recoupments by Medicaid Program Integrity and Managed Care Organizations.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$7,500,000)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		Implementation will require handbook, contract and system changes prior to implementation. Therefore, it is anticipated that January 1, 2010 would be the start date for this issue.
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	Changes are required in the handbook to implement this change.
<b>IV. Will this require the Procurement Process?</b>	Yes	An amendment to the KePro contract would be required prior to implementation.
<b>V. Will this proposal require an administrative rule?</b>	Yes	Changes are required in the handbook to implement this change.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Issue #25
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #26a Cont.

<b>Lead Analyst:</b>	Jim Hampton
<b>Secondary Analyst:</b>	Medicaid Program Analysis
<b>Assumptions (Data source and methodology):</b>	
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/12/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6		12
<b>Total (Savings) Cost of Proposal:</b>	(\$7,500,000)		(\$15,000,000)
<b>General Revenue:</b>	(\$2,427,000)		(\$4,854,000)
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	(\$5,073,000)		(\$10,146,000)
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

### Home Health Legislative Suggestions

- Permissive authority to require enrollment of home health aides as treating providers.
- Require all home health services to be prior authorized.
- Require written prescription by a licensed physician who is not employed, by contract or otherwise, with the home health agency rendering the service, and who has examined the recipient within 90 days preceding the request for services.
- Written prescription must include, at a minimum, the following:
  - Recipient's acute or chronic medical condition or diagnosis that causes a recipient to need home health care;
  - Documentation regarding the medical necessity for the service(s) to be provided at home;
  - Home health services needed;
  - Frequency and duration of the needed services; and
  - Minimum skill level (nurse, home health aide) of staff that can provide the services.
- Written prescription for home health services must be signed and dated prior to development of plan of care, and prior to requesting prior authorization.

# Medicaid Impact Conference Issues

March 16, 2009

## Issue #26a Cont.

- Require submission of the plan of care and supporting documentation that supports the recipient's medical condition (e.g., history and physical, hospital discharge summary) when requesting prior authorization.
- Permissive authority for a comprehensive care management program, by contract or otherwise, that includes face-to-face recipient assessments by licensed medical professionals, reviews of ordering physicians medical records, as well as all supporting documentation required to be retained by the home health agency (\$1.6m)
- Require home health agency to capture and submit the NPI or medical practitioner license number on claim form, and prior authorization requests.
- Home health services are not reimbursable by Medicaid for recipients residing in an assisted living facility.
- Permissive authority for the agency to contract for telephony services (\$3m-\$5m)

**Associated Cost-savings = \$15m**

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 26b**

<b>Proposal Name:</b>	Expand Fraud and Abuse Recoupment – Create Bureau of Provider Relations
<b>Brief Description of Proposal:</b>	Provide an estimate of savings from expanding Cost Avoidance and Recoupment of Improper Payment strategies.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$6,000,000)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		Implementation will require DMS approval. Therefore, it is anticipated that July 1, 2009 would be the start date for this issue.
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	Yes	5 FTEs are needed to implement this issue.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #26b Cont.

<b>Lead Analyst:</b>	Jim Hampton
<b>Secondary Analyst:</b>	Medicaid Program Analysis
<b>Assumptions (Data source and methodology):</b>	Implementation of preventive strategies to address improper provider billing activity before Medicaid incurs losses would generate savings. The strategy of the Bureau would be to address: (1) Emphasis on enrollment of providers in high fraud risk program areas; (2) Minimize program losses by reducing incidence of improper payment through enhanced provider education and onsite monitoring; and (3) Enhanced coordination of efforts – prospective to retrospective approach.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/12/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	(\$6,000,000)		
<b>General Revenue:</b>	(\$1,941,600)		
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	(\$4,058,400)		
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #26b Cont.

Reorganize to create a Bureau of Provider Relations

- Existing FTE(s) and five new positions
  - (1) Program Administrator
  - (2) Senior Management Analyst II
  - (2) Senior Human Services Program Specialist

## FY 2009-10

# of FTE	Title	PG	Rate at 10% above min	Salaries & Benefits	Expenses	HR Services	Total Expenditures
1	Program Administrator - SES	425	\$48,042	\$61,422	\$14,200	\$398	<b>\$76,020</b>
2	Senior Management Analyst II - SES	426	\$102,430	\$130,958	\$28,400	\$796	<b>\$160,154</b>
2	MHCPA	24	\$90,432	\$115,618	\$28,400	\$796	<b>\$144,814</b>
	Total Non-Recurring		\$240,904	\$307,998	\$56,000	\$1,990	<b>\$365,988</b>
	Total Recurring		\$0	\$0	\$15,000	\$0	<b>\$15,000</b>
	Grand Total		\$240,904	\$307,998	\$71,000	\$1,990	<b>\$380,988</b>
	General Revenue		\$120,452	\$153,999	\$35,500	\$995	<b>\$190,494</b>
	Medical Care Trust Fund		\$120,452	\$153,999	\$35,500	\$995	<b>\$190,494</b>
	Total		\$240,904	\$307,998	\$71,000	\$1,990	<b>\$380,988</b>

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 27**

<b>Proposal Name:</b>	Private MediGap Insurance/Medicare ESRD
<b>Brief Description of Proposal:</b>	Provide an estimate of savings by allowing Medicare patients under the age of 65 who are Medicare eligible due to ESRD to purchase private MediGap Insurance.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Annualized
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	Up to (\$6,042,387.56)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

<b>Analysis:</b>	
<b>Lead Analyst:</b>	Medicaid Program Analysis
<b>Secondary Analyst:</b>	Medicaid Services
<b>Assumptions (Data source and methodology):</b>	Assume that 25% of the population eligible would not spend down assets to become Medicaid eligible if they were able to purchase MediGap Insurance at a reasonable rate.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

# Medicaid Impact Conference Issues

March 16, 2009

Issue #27 Cont.

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>			12
<b>Total (Savings) Cost of Proposal:</b>			(\$6,042,387.56)
<b>General Revenue:</b>			(\$1,955,316.61)
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			(\$4,087,070.95)
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

Although state statute does not require coverage for the under 65 population, MediGap policies are sold in Florida for this group: however, the premium is too high for persons eligible for Medicaid to afford.

This analysis assumes the providers would be required to set premiums at a rate equal to the over 65 premium.

FY2007-08	
Unduplicated persons (ESRD dual eligibles)	4,117
Casemonths	40,382
Total cost	\$24,169,550.22
Assume 25% cost avoidance	\$6,042,387.56

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 28**

<b>Proposal Name:</b>	Statewide Incontinence Management and Supply Program
<b>Brief Description of Proposal:</b>	Provide an estimate of savings from procuring a statewide contract for Incontinence Management and Supply Program.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	N/A
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	Yes	If the Agency intends to sign a contract with a single provider or limited multiple source providers, then the Agency will utilize the procurement process.
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	In past discussions with federal Centers for Medicare and Medicaid Services, the Agency was advised that the home and community based waivers cannot limit provider choice. Thus, each waiver that is included in this procurement will need to have an additional 1915(b) freedom of choice waiver approved by CMS. 1915(b) waivers require proof of cost effectiveness, must be renewed every 2 years, and require an independent evaluation of their effectiveness.
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue #28 Cont.

<b>Lead Analyst:</b>	Mike Bolin
<b>Secondary Analyst:</b>	
<b>Assumptions (Data source and methodology):</b>	Due to savings from a newly implemented standardized fee schedule, we do not anticipate any savings from a single source statewide contractor for waiver recipients.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	N/A	N/A
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$0)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue #28 Cont.

The 2004-2005 General Appropriations Act gave the Agency for Health Care Administration the option to contract for disposable incontinence medical supplies:

*From the funds in Specific Appropriation 200, the agency may contract with a provider or providers for the provision of a managed, statewide disposable incontinence medical supply program, including home-delivery service of disposable incontinence medical supplies. The amount paid shall be no more than 80 percent of the current Medicaid fee. Supplies covered in this program shall include under pads, diapers, catheters and catheter related supplies, and may include ostomy and colostomy supplies. Supplies covered under this contract shall include needed incontinence supplies for Medicaid State Plan recipients and for recipients enrolled in Medicaid home and community-based waivers. The program shall include registered nurse assessments and pre-certification; real-time eligibility determination; shipment tracking; and utilization review and management. The agency is authorized to seek federal Medicaid waivers necessary to implement this provision.*

In December 2005, the Agency issued a request for proposal solicitation and, upon announcing its intent to award the contract, received numerous legal challenges. The Agency withdrew the award and solicitation on May 16, 2006.

In December 2006 and January 2007, the Agency held three public meetings around the state to gather information about how to improve the solicitation from beneficiaries, providers and advocates. Beneficiaries strongly objected to reducing their choice of providers, as many of them had established relationships with their incontinence suppliers that had lead to high quality service. In addition, providers indicated that the waiver' reimbursement rates for incontinence supplies were high because they were negotiated at the local level, and expressed a preference for reduced rates rather than having a single vendor for the state. Using the feedback from the public meetings, the Agency met with sister agencies involved with the home and community based waivers to discuss using standard billing codes and identical reimbursement rates and discontinue allowing waiver providers to bill Medicaid with generic consumable supply codes. Florida Medicaid expects this will lower the cost of incontinence supplies, improve quality, and provide data that can be used for stronger utilization management.

Currently, the Agency is going through the rulemaking process to update the provider handbooks with the standardized coding and billing rules. July 1, 2009 is the anticipated completion date for the waivers to be in rule.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 29**

<b>Proposal Name:</b>	Disease Management Contracts
<b>Brief Description of Proposal:</b>	Provide an estimate of savings if provisions of OPPAGA Research Memorandum-Options to Reduce Disease Management Program Costs-January 15, 2009 were implemented.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	Pending
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	Pending
<b>Bureau(s) Responsible for Administration:</b>	Health Systems Development

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	At least 6 months from the date of approval of directing the reductions depending upon which recommendations are approved, approval by CMS of the 1915(b) amendment, and execution of the contract amendment.
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	However, a contract amendment will be required.
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	<p>We cannot provide an exact timeline for implementing this change as the Federal government can stop the clock when they send us the RAI.</p> <ul style="list-style-type: none"> <li>• <b>1st 90-days</b> - Begins on date of receipt of the waiver amendment packet sent by the State.</li> <li>• <b>90th day</b> - CMS must approve, deny or request additional information (RAI) by the 90th day.</li> <li>• The Request for information (RAI) <b>stops clock</b></li> <li>• <b>2nd 90-days</b> - Begins on date of receipt of State's response to RAI</li> <li>• <b>90th day</b> - CMS must approve or deny request by the 90th day of the 2nd 90 day review period.</li> </ul>
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 29 Cont.

<b>Lead Analyst:</b>	Melanie Brown-Woofter
<b>Secondary Analyst:</b>	Tracy Hurd
<b>Assumptions (Data source and methodology):</b>	The fiscal impact of the proposed recommendations is indeterminate at this time. Cost saving reconciliations to determine program savings will be complete in September 2009. At this time, no incentive payments have been made to the vendor. An evaluation of the disease management program to be conducted by the University of Florida is planned.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>			
<b>Total (Savings) Cost of Proposal:</b>			
<b>General Revenue:</b>			
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

The OPPAGA review recommended four options to reduce disease management program costs. Any reduction in the contract amount may result in the following: a decrease in disease management services; a reduction in the number of beneficiaries served; and the vendor initiating contract termination. Until an evaluation of the disease management program is completed, it would be prudent to make more appropriate use of the existing contract funds.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 30**

<b>Proposal Name:</b>	ITB Therapy vs. Botox
<b>Brief Description of Proposal:</b>	Provide an estimate of savings associated with implementing an ITB Therapy program as an alternative to Botox Therapy for spasticity patients.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	\$550,430
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis / Medicaid Services

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	<ul style="list-style-type: none"> <li>Identify procedures required to bill this new service/items;</li> <li>Identify diagnosis limitations for Medicaid coverage of this device;</li> <li>A CSR is required to set usage limits on the codes that will be used to cover this new service and new items;</li> <li>Usage limitations need to be made part of the Physician Services Coverage and Limitations Handbook; handbook will need revision.</li> <li>Handbook revision requires promulgation of rule;</li> <li>Provider notification via RV banner.</li> </ul>
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	Yes	The Physician Services Coverage and Limitations Handbook will need to be amended.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 30 Cont.

<b>Lead Analyst:</b>	Karen Chang
<b>Secondary Analyst:</b>	Ouida Mazzocoli / Mike Bolin
<b>Assumptions (Data source and methodology):</b>	Assumes that Intrathecal Baclofen Therapy (ITB) could be used as an alternative to Botox therapy for spasticity recipients. This analysis assumes 70 recipients would be impacted.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12	12	
<b>Total (Savings) Cost of Proposal:</b>	\$550,430	(\$447,817)	
<b>General Revenue:</b>	\$178,119	(\$144,914)	
<b>Administrative Trust Fund:</b>	(\$0)	(\$0)	
<b>Medical Health Care Trust Fund:</b>	\$372,311	(\$302,903)	
<b>Refugee Assistance Trust Fund:</b>	(\$0)	(\$0)	
<b>Tobacco Settlement Trust fund:</b>	(\$0)	(\$0)	
<b>Grants and Donation Trust Fund:</b>	(\$0)	(\$0)	
<b>Public Medical Assistance Trust Fund:</b>	(\$0)	(\$0)	
<b>Other State Funds:</b>	(\$0)	(\$0)	

## Work Papers/Notes/Comments:

<b>Spasticity Patient Receiving Botox Therapy</b>						
Description	HCPCS Code	Medicaid Fee Schedule Reimbursement Amount	Frequency	Reimbursed Amount per Visit	Visits Per Year	Total Reimbursement Per Patient Per Year
Botox Drug	J0585	\$549	4	\$2,196	4	\$9,478
Injection	64614	\$80	2	\$120		
Needle electromyography	95874	\$27	2	\$53		
<b>Total</b>				\$2,369		

\* Injection procedure code (64614) uses a 50 modifier which implies the multiple procedure reduction where the 1st procedure is paid 100% of fee schedule and any additional procedures 50% of full fee schedule amount.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 30 Cont.

Spasticity Patient Receiving ITB Therapy						
Description	HCPSC Code	Medicaid Fee Schedule Reimbursement Amount	Frequency	Reimbursed Amount per Visit	Visits Per Year	Total Reimbursement Per Patient Per Year
Baclofen 10mg Drug	J0475	\$231	3	\$692	4	\$3,080
Refill Pump	95991	\$48	1	\$48		
Analysis of Pump	62368	\$30	1	\$30		
<b>Total</b>				<b>\$770</b>		

Botox Therapy						
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
\$9,478	\$9,478	\$9,478	\$9,478	\$9,478	\$9,478	\$9,478

ITB Therapy						
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
\$14,841	\$3,080	\$3,080	\$3,080	\$3,080	\$3,080	\$14,841
\$17,341			\$17,341			

Annual Percent Difference Between Botox, ITB						
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
-83%	67%	67%	67%	67%	67%	-83%

Assumes that ITB Therapy has initial upfront cost of \$11,200 for device + physician fee for the implant of the pump (CPT codes 62361 or 62362) and catheter (CPT codes 62350 or 62351) and maintenance of \$312 per year. Reimbursement for CPT codes 62362 and 62350 - physician payment for implanting the device and catheter - is used in this model because it is the most common practice.

Year 1 (ITB vs Botox)	Year 2 (ITB vs Botox)	Year 3 (ITB vs Botox)
\$7,863	-\$6,397	-\$6,397
\$550,430.30	-\$447,816.60	-\$447,816.60
\$372,311.05	-\$302,903.15	-\$302,903.15
\$178,119.25	-\$144,913.45	-\$144,913.45

# Medicaid Impact Conference Issues

March 16, 2009

## Proposal: Issue # 31a

<b>Proposal Name:</b>	APD Managed Care
<b>Brief Description of Proposal:</b>	Provide an estimate of savings associated with implementing managed care for Developmentally Disabled recipients for health care services only.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$7,152,283)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Program Analysis / Health Systems Development / Contract Management

Key Elements:	Yes/No	Explanation and Time Frame
<b>I. Anticipated implementation time line and process.</b>		<p>The Agency would be required to submit an amendment to the 1915(b) Managed Care Waiver before this change could be implemented. We cannot provide an exact timeline for implementing this change as the Centers for Medicare and Medicaid Services (CMS) must approve the amendment.</p> <p>Please find below a short description of the general process Federal CMS uses when approving 1915(b) waiver amendments.</p> <ul style="list-style-type: none"> <li>• <b>1<sup>st</sup> 90-days</b> - Begins on date of receipt of the waiver amendment packet sent by the State.</li> <li>• <b>90<sup>th</sup> day</b> - CMS must approve, deny or Request Additional Information (RAI) by the 90<sup>th</sup> day.</li> <li>• The Request for information (RAI) <b>stops clock</b></li> <li>• <b>2<sup>nd</sup> 90-days</b> - Begins on date of receipt of State's response to Request for Additional Information (RAI)</li> <li>• <b>90<sup>th</sup> day</b> - CMS must approve or deny request by the 90th day of the 2<sup>nd</sup> 90 day review period.</li> </ul>
<b>II. Will this proposal require a change in Florida Statute?</b>	No	However, in order to mandatorily assign this special needs population you may also need statutory authority.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	The populations exempt from managed care mandatory assignment are now specified only in the 1915(b) Managed Care Waiver.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 31a Cont.

<b>IV. Will this require the Procurement Process?</b>	No	If the intent is to move this voluntary special needs population into existing managed care settings (HMO, PSN or MediPass) for their health care services, then the Agency would not be required to go through a procurement to implement this change. However, if the intent is to create a specialty plan that serves this population the Agency would probably need to go through the procurement process to select the plan.
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	Persons with developmental disabilities are currently identified as a voluntary population for managed care in the 1915(b) Managed Care Waiver. The Agency would have to amend the waiver to obtain federal to move this population from voluntary to mandatory status for managed care.
<b>VII. Will this proposal require additional staffing?</b>	Yes	Additional staffing would be needed to respond to the increased volume of calls to the enrollment broker. Approximately 31,000 individuals with developmental disabilities would be impacted by this change.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

## Analysis:

<b>Lead Analyst:</b>	Pam Kyllonen / Linda Macdonald
<b>Secondary Analyst:</b>	Fred Roberson
<b>Assumptions (Data source and methodology):</b>	An 8% reduction is assumed when shifting state plan services to a managed care environment. Cost of choice counseling is taken into consideration for this population.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 31a Cont.

Funding Sources:	Start Year	Additional Year	Annualized
Number of Months in the Analysis:	10	N/A	
Total (Savings) Cost of Proposal:	(\$7,152,283)		(\$8,602,740)
General Revenue:	(\$2,314,479)		(\$2,783,847)
Administrative Trust Fund:	(\$0)		(\$0)
Medical Health Care Trust Fund:	(\$4,837,804)		(\$5,818,893)
Refugee Assistance Trust Fund:	(\$0)		(\$0)
Tobacco Settlement Trust fund:	(\$0)		(\$0)
Grants and Donation Trust Fund:	(\$0)		(\$0)
Public Medical Assistance Trust Fund:	(\$0)		(\$0)
Other State Funds:	(\$0)		(\$0)

## Work Papers/Notes/Comments:

State Plan services		8% discount
caseload	297,199	
Expenditures	\$108,784,250.02	\$8,702,740.00
PMPM	\$366.03	
Possible reduction	assumes 8% discount	
Total	(\$8,702,740)	(\$7,252,283)
Choice Counseling	100,000	100,000
Total	(\$8,602,740)	(\$7,152,283)
GR	(\$2,783,847)	(\$2,314,479)
MCTF	(\$5,818,893)	(\$4,837,804)

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 31b**

<b>Proposal Name:</b>	APD Managed Care
<b>Brief Description of Proposal:</b>	Provide an estimate of savings associated with implementing managed care for Developmentally Disabled recipients for waiver services only.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Services / Program Analysis / Health Systems Development / Contract Management

## Key Elements:

Yes/No

## Explanation and Time Frame

Key Elements:	Yes/No	Explanation and Time Frame
<b>I. Anticipated implementation time line and process.</b>		<p>The current four 1915(c) waivers (tiered waiver system) for 31,000 individuals with developmental disabilities would need to be amended to become 1915(b)(c) combination waivers in order to mandate a community based managed care delivery system.</p> <p>Following is a short description of the general Federal Centers for Medicare and Medicaid Services (CMS) process for approving new or amended waivers. An exact timeline for implementing this change is difficult as the Federal government can stop the clock when they send us the formal Request for Additional Information (RAI).</p> <ul style="list-style-type: none"> <li>• <b>1st 90-days</b> - Begins on date of receipt of the waiver amendment packet sent by the State.</li> <li>• <b>90th day</b> - CMS must approve, deny or request additional information (RAI) by the 90th day.</li> <li>• The Request for information (RAI) <b>stops clock</b></li> <li>• <b>2nd 90-days</b> - Begins on date of receipt of State's response to RAI</li> <li>• <b>90th day</b> - CMS must approve or deny request by the 90th day of the 2nd 90 day review period.</li> </ul> <p>Additional timeline factors include amendment of Rule 59G-13.083 Developmental Disabilities Waivers and the Coverage and Limitations Handbook that is incorporated by reference.</p> <p>System changes for provider billing from a fee-for-service delivery system to a capitated rate system would also be necessary.</p>



# Medicaid Impact Conference Issues

March 16, 2009

## Issue # 31b Cont.

<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Chapter 393, F.S., currently references a four tier waiver system for the delivery of community based services to individuals with developmental disabilities. Chapter 409, F.S., currently references a waiver delivery system for home and community based services to individuals with developmental disabilities.
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	If county, Area, or regional plans are created then an application process for service providers and for recipient enrollment would need to be developed. If we create statewide specialty plan(s) that serves this population, the State would need to go through the procurement process to select the plan provider(s).
<b>V. Will this proposal require an administrative rule?</b>	Yes	Currently the 1915(c) community based waiver system is detailed in the Developmental Disabilities Waivers Coverage and Limitations Handbook incorporated by reference in Rule 59G-13.083, F.A.C. This rule would need to be modified to reference the community based managed care delivery system and the handbook would need to be modified.
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	Persons with developmental disabilities currently receive community based services through a four tier 1915(c) waiver system. A 1915(b) waiver would need to be developed to operate in conjunction with each of the four tiered waivers and federal approval obtained to move this population to a community based managed care delivery system. Currently the tiers 1, 2, and 3 waivers have 28 community based services and tier 4 waiver has 11 services.
<b>VII. Will this proposal require additional staffing?</b>	Yes	Additional staffing would be needed to respond to the increased volume of calls to the enrollment broker. Approximately 31,000 individuals with developmental disabilities would be impacted by this change. If AHCA is to managed additional managed care contracts, additional staff may be needed.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

**Issue # 31b Cont.**

<b>Lead Analyst:</b>	Pam Kyllonen / Linda Macdonald
<b>Secondary Analyst:</b>	Fred Roberson
<b>Assumptions (Data source and methodology):</b>	Implementation can only be achieved under this scenario (home and community based services) if health care services are also capitated (issue #31a). Assumes no reduction in shifting waiver services to a managed care environment.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	02/27/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6	N/A	12
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		(\$0)
<b>General Revenue:</b>	(\$0)		(\$0)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$0)		(\$0)
<b>Refugee Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

It is anticipated the developmental disabilities advocacy organizations would oppose statutory changes that would require this population receive community based managed care. Parent and guardian advocacy organizations would also oppose statutory changes. These services are currently prior authorized and there are limits on each service and annual per-recipient dollar caps on each waiver tier.

# Medicaid Impact Conference Issues

March 16, 2009

## Proposal: Issue # 32

<b>Proposal Name:</b>	Nursing Home Diversion Increase
<b>Brief Description of Proposal:</b>	Provide an estimate of savings associated with increasing nursing home diversion slots by 1,000.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	(\$12,259,812)
<b>Bureau(s) Responsible for Administration:</b>	Bureau of Medicaid Services; Bureau of Program Analysis; DOEA

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		Submit waiver amendment ASAP if enacted into law with anticipated implementation of 07/01/2009.
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	Yes	Expansion will require approval of amendment to the Nursing Home Diversion Waiver's 1915 authority to enroll 1,000 additional slots.
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	Similar issue was included in the FY 2007-08 Supplemental Appropriations Act (Issue #33V0150) and in the Medicaid Impact Conference dated March 12, 2008.
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

**Issue # 32 Cont.**

<b>Lead Analyst:</b>	Tony Swinson, Medicaid Program Analysis
<b>Secondary Analyst:</b>	Keith Young, Medicaid Services
<b>Assumptions (Data source and methodology):</b>	Calculation is based on FY 2009-10 average per diem for Nursing Home Care and average cost per month per person for the Nursing Home Diversion Waiver as adopted by the SSEC on 02/13/09. Assumed phased-in slot enrollments over four months beginning July 1, 2009. Assumes that for every 2 persons enrolled in the Diversion program, Nursing Home Care will be reduced by 1 person.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		12
<b>Total (Savings) Cost of Proposal:</b>	(\$12,259,812)		(\$14,011,213)
<b>General Revenue:</b>	(\$3,967,275)		(\$4,534,029)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$8,292,537)		(\$9,477,184)
<b>Refugee Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 32 Cont.

A provider may disenroll any recipients who become ineligible for Medicaid and the program. A recipient may voluntarily opt out of the Diversion program at anytime. Providers are responsible for all Medicare premiums, deductibles, and co-pays for the recipient for the duration of the enrollment in the program.

## AHCA

A	NH Avg. PMPM		\$5,227.33	FY 0910 FEB 09 SSEC
B	Add non nursing home items		\$281.21	Estimate
C	Diversion PMPM	\$1,586.67		FY 0910 FEB 09 SSEC
D				
E	Diversion Effectiveness Adjustment	2		Assume 2:1 Savings
F	Cost of diversion @ 2 for 1		\$3,173.34	(C * E)
G	Net NH PMPM Savings		(\$2,335.20)	(F-[A+B])
H	Annualized NH pmpm savings		(\$28,022.43)	(G * 12)
I	No. of Additional Diversion Slots	1,000		Additional Slots
J	No. of diverted recipis	500		Assumed Diverted from NH
K	Total Savings From Additional Slots		(\$12,259,812.00)	Annual Savings

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 32 Cont

## NET SAVINGS

	SlotsPerMonth	Slots filled due to diversion	Months in Diversion	SavingsPerSlot	Net Savings
Jul-09	250	125	12	(\$2,335.20)	(\$3,502,803.33)
Aug-09	250	125	11	(\$2,335.20)	(\$3,210,903.05)
Sep-09	250	125	10	(\$2,335.20)	(\$2,919,002.77)
Oct-09	250	125	9	(\$2,335.20)	(\$2,627,102.50)
Nov-09	-	-	8	(\$2,335.20)	(\$0.00)
Dec-09	-	-	7	(\$2,335.20)	(\$0.00)
Jan-10	-	-	6	(\$2,335.20)	(\$0.00)
Feb-10	-	-	5	(\$2,335.20)	(\$0.00)
Mar-10	-	-	4	(\$2,335.20)	(\$0.00)
Apr-10	-	-	3	(\$2,335.20)	(\$0.00)
May-10	-	-	2	(\$2,335.20)	(\$0.00)
Jun-10	-	-	1	(\$2,335.20)	(\$0.00)
	1,000	500		Total Net Savings	<u>(\$12,259,811.65)</u>

	TOTAL SAVINGS		1	(\$12,259,812.00)
	TOTAL GENERAL REVENUE		0.3236	(\$3,967,275.00)
	TOTAL MEDICAL CARE TRUST FUND		0.6764	(\$8,292,537.00)

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 32 Cont.

## NURSING HOME DIVERSION ADDITIONAL COST

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Additional Cost for Nursing Home Diversion
Jul-09	250	12	\$1,586.67	\$4,760,017.36
Aug-09	250	11	\$1,586.67	\$4,363,349.24
Sep-09	250	10	\$1,586.67	\$3,966,681.13
Oct-09	250	9	\$1,586.67	\$3,570,013.02
Nov-09	-	8	\$1,586.67	\$0.00
Dec-09	-	7	\$1,586.67	\$0.00
Jan-10	-	6	\$1,586.67	\$0.00
Feb-10	-	5	\$1,586.67	\$0.00
Mar-10	-	4	\$1,586.67	\$0.00
Apr-10	-	3	\$1,586.67	\$0.00
May-10	-	2	\$1,586.67	\$0.00
Jun-10	-	1	\$1,586.67	\$0.00
	1,000		Total Additional Cost	<u>\$16,660,060.74</u>

TOTAL COST		1	\$16,660,061.00
TOTAL GENERAL REVENUE		0.3236	\$5,391,196.00
TOTAL MEDICAL CARE TRUST FUND		0.6764	\$11,268,865.00

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 32 Cont.

Reduction to NH Line item	
Total	\$ (28,919,873)
GR	\$ (9,358,471)
MCTF	\$ (19,561,402)
Increase to NH Diversion Program	
Total	\$ 16,660,061
GR	\$ 5,391,196
MCTF	\$ 11,268,865
Net Savings	
Total	\$ (12,259,812)
GR	\$ (3,967,275)
MCTF	\$ (8,292,537)



# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33a**

<b>Proposal Name:</b>	CHIPRA 2009 MANDATORY – Issue a
<b>Brief Description of Proposal:</b>	Costs associated with implementing the mandatory provisions of CHIPRA 2009 <b>Citizenship and identity documentation at application and renewal affects all CHIP programs</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	Implementation required by 01/01/2010
<b>Total Cost/(Savings)/(Revenue):</b>	\$525,000
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	Implementation required by 01/01/2010
<b>II. Will this proposal require a change in Florida Statute?</b>	No	Policy has not changed, only documentation requirement has changed
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan Amendment will need to include new documentation policy.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33a Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	<p>Program implementation date 1/1/2010.            Title XXI Federal Medical Assistance rate 68.49%</p> <p>This will require 3,500 programming hours.            Assumes no operational impact for increased non-citizens eligibility and documentation.            Increased call volumes related to citizenship verification.</p>
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

Funding Sources:	Start Year	Additional Year	Annualized
<b>Number of Months in the Analysis:</b>			
<b>Total (Savings) Cost of Proposal:</b>			\$525,000
<b>General Revenue:</b>			\$165,427
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			\$359,573
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

CHIPRA allows States to use the Social Security Administration to verify citizenship through Social Security numbers; however, this process to work with SSA has not been developed. Since FHKC is not a state agency, it is possible SSA may not provide information to FHKC or its third party administrator.

**Cost to implement:** There will be a *one-time* cost of \$525,000 for a programming change and to include this information in the system's eligibility processing determination. This is an additional eligibility factor that will need to be reviewed.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33b**

<b>Proposal Name:</b>	CHIPRA 2009 MANDATORY – Issue b
<b>Brief Description of Proposal:</b>	Costs associated with implementing the mandatory provisions of CHIPRA 2009 <b>Mandatory coverage of dental benefits under certain benchmarks or actuarial equivalents to those benchmarks. Affects Healthy Kids only.</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Implementation required by 10/01/2009
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	Implementation required by 10/01/2009
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33b Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 10/1/2009 Florida Healthy Kids met with their actuary, and the dental services that they provide meets the bench mark needed.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9		
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		(\$0)
<b>General Revenue:</b>	(\$0)		(\$0)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$0)		(\$0)
<b>Refugee Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

Only affects Healthy Kids program. Medicaid, MediKids and CMS Network use required benchmark benefits.

**Cost to implement** – None - Florida Healthy Kids Corporation has contacted their dental health plans to obtain information to determine additional costs. Their actuary studies informed them that the dental services currently provided meets the benchmark required.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33c**

<b>Proposal Name:</b>	CHIPRA 2009 MANDATORY – Issue c
<b>Brief Description of Proposal:</b>	Costs associated with implementing the mandatory provisions of CHIPRA 2009 <b>Mental health parity for CHIP</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Implementation required by 10/01/2009
<b>Total Cost/(Savings)/(Revenue):</b>	\$3,100,559
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	Implementation required by 10/01/2009
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.815 – A change in the Healthy Kids benchmark services will require a change in statute.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan Amendment needs to include a change in Healthy Kids mental health services
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33c Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 10/1/2009 Title XXI Federal Medical Assistance rate is 68.49%
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9	12	12
<b>Total (Savings) Cost of Proposal:</b>	\$3,100,559	\$6,428,423	\$4,134,078
<b>General Revenue:</b>	\$976,986	\$2,025,596	\$1,302,648
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$2,123,573	\$4,402,827	\$2,831,430
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

Only affects Healthy Kids program, as Medicaid, MediKids and CMS Network use EPSDT requirements.

**Cost to Implement:** FHKC has requested their actuary to determine the impact of modifying the Healthy Kids mental health and substance abuse benefits to mirror its medical benefits with regard to limitations on services. To reach parity, it is assumed that the current limitations on visits, inpatient days and residential days would have to be removed. There is a cost since additional benefits are required to comply with mental health parity.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 33c Cont.

Mental Health Parity

Estimated 1-2% increase in medical PMPM.

				FY 2009-10	FY 2010-11
Total average medical PMPM (Feb 2009 SSEC)				\$108.72	\$116.79
Total MM (Feb 2009 SSEC)				1,901,250	2,752,129
1% Increase				\$1.09	\$1.17
				\$2,067,039	\$3,214,211
2% Increase				\$2.17	\$2.34
				\$4,134,078	\$6,428,423

(1000-2) General Revenue (State)				\$1,302,648
(2474-3) Medical Care Trust Fund				\$2,831,430
Total				\$4,134,078

## Footnotes

Source: Florida Healthy Kids

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33d**

<b>Proposal Name:</b>	CHIPRA 2009 MANDATORY – Issue d
<b>Brief Description of Proposal:</b>	Costs associated with implementing the mandatory provisions of CHIPRA 2009 <b>Reimburse Federally Qualified Health Centers and rural health clinics using Medicaid prospective payment system. Affects Healthy Kids only.</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$6,201,117
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		Implementation required by 10/01/2009
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	If change resulted in payment reimbursement methods to plans, then a statute change would need to be done to 624.91
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	If delivery of services changes for Healthy Kids enrollees.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33d Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 10/1/2009 Title XXI Federal Medical Assistance rate is 68.49%
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9	12	12
<b>Total (Savings) Cost of Proposal:</b>	\$6,201,117	\$12,856,846	\$8,268,156
<b>General Revenue:</b>	\$1,953,972	\$4,051,192	\$2,605,296
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$4,247,145	\$8,805,654	\$5,662,860
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

Only affects Healthy Kids program, as Medicaid, MediKids and CMS Network already use this reimbursement method.

**Cost to Implement:** This provision requires a higher cost reimbursement rate than the Healthy Kids plans are currently paying these providers. This provision does not require that FQHCs and rural health clinic be used in networks. Healthy Kids health plans could opt to not include these providers in their network, if there are sufficient providers in a geographical area to meet their contractual obligations. Florida Healthy Kids Corporation requested their actuary determine the projected PMPM impact of the increased reimbursement levels to FQHC and Rural health clinics.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 33d Cont.

FQHC Costs									
Estimated 3-4% increase in medical PMPM.									
						FY 2009-10		FY 2010-11	
Total average medical PMPM (Feb 2009 SSEC)						\$108.72		\$116.79	
Total MM (Feb 2009 SSEC)						1,901,250		2,752,129	
3% Increase						\$3.26		\$3.50	
						\$6,201,117		\$9,642,634	
4% Increase						\$4.35		\$4.67	
						\$8,268,156		\$12,856,846	
						Health Care Services (68500000)			
						Children's Special Health Care Trust Fund (68500100)			
						(1000-2) General Revenue (State)			\$2,605,296
						(2474-3) Medical Care Trust Fund			\$5,662,860
								Total	\$8,268,156
<b>Footnotes</b>									
Source: Florida Healthy Kids									

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33e**

<b>Proposal Name:</b>	CHIPRA 2009 MANDATORY – Issue e
<b>Brief Description of Proposal:</b>	Costs associated with implementing the mandatory provisions of CHIPRA 2009 <b>30 day grace period before cancellation for non-payment</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	10/01/2009
<b>If not July 1, start date; please explain.</b>	Implementation required by 10/01/2009
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	Implementation required by 10/01/2009
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.814 – if the grace period needs to be changed
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	If the grace period needs to be changed, then a State Plan Amendment will have to be submitted to include this new policy and process.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33e Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 10/1/2009 The Kidcare program is already doing this.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	9		
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		(\$0)
<b>General Revenue:</b>	(\$0)		(\$0)
<b>Administrative Trust Fund:</b>	(\$0)		(\$0)
<b>Medical Health Care Trust Fund:</b>	(\$0)		(\$0)
<b>Refugee Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Tobacco Settlement Trust fund:</b>	(\$0)		(\$0)
<b>Grants and Donation Trust Fund:</b>	(\$0)		(\$0)
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		(\$0)
<b>Other State Funds:</b>	(\$0)		(\$0)

## Work Papers/Notes/Comments:

Florida is in compliance with this provision. Currently premiums are due the first of the month before the coverage month, and payment is accepted through that month. CMS reviewed our current process and determined that we are currently in compliance.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33f**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue f
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>Cover pregnant women for 185% - 200% FPL with Title XXI funding</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	Allowed to start 4/1/2009
<b>Total Cost/(Savings)/(Revenue):</b>	\$13,035,588
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Add this coverage as a Title XXI funded Medicaid expansion program
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>		No additional agency staff: however, additional eligibility determinations would be done by Department of Children and Families Services staff.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33f Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	This issue is optional for state - Optional coverage group. Program implementation date 1/1/2010. Title XXI Federal Medical Assistance rate is 68.49% Source of 2,841 case months FMMIS. This includes delivery.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6	12	12
<b>Total (Savings) Cost of Proposal:</b>	\$13,035,588	\$26,071,175	\$26,071,175
<b>General Revenue:</b>	\$4,107,514	\$8,215,027	\$8,215,027
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$8,928,074	\$17,856,148	\$17,856,148
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

Program implementation date 1/1/2010.

Title XXI Federal Medical Assistance rate is 68.49%

Source of 2,841 case months FMMIS. This includes delivery.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 33f Cont.

	Monthly	Annual						
	Case Load	case months	\$PMPM	Annual Cost		Federal	State	
<b>Medicaid Pregnant Woman.</b>	2,841	34,092						
Medical			\$764.73		\$26,071,175			
Less: Family Contribution			\$0.00		\$0			
Net Cost			\$764.73		\$26,071,175	\$17,856,148	\$8,215,027	
			Health Care Services (68500000)					
			Children's Special Health Care Trust Fund (68500100)					
			(1000-2) General Revenue (State)					\$8,215,027
			(2474-3) Medical Care Trust Fund					\$17,856,148
						Total	\$26,071,175	

## Footnotes

Per member per month. Source: Medicaid Program Analysis

Caseload Source: Medicaid Program Analysis

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33g**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue g
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>If cover pregnant women for 185% - 200% FPL with Title XXI funding, then also provide presumptive eligibility</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	Allowed to start 04/01/2009
<b>Total Cost/(Savings)/(Revenue):</b>	\$2,172,598
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Add this coverage as a Title XXI funded Medicaid expansion program
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>		No additional agency staff: however, additional eligibility determinations would be done by Department of Children and Families staff.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33g Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	This issue is optional for state - Optional coverage group. <b>Assumptions:</b> Program implementation date 1/1/2010. Title XXI Federal Medical Assistance rate is 68.49% Source of 2,841 case months FMMIS. Two months presumptive eligibility.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6	12	12
<b>Total (Savings) Cost of Proposal:</b>	2,172,598	\$4,345,186	\$4,345,196
<b>General Revenue:</b>	\$684,586	\$1,369,171	\$1,369,171
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$1,488,012	\$2,976,025	\$2,976,025
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 33g Cont.

## Work Papers/Notes/Comments:

Title XXI Federal Medical Assistance rate 68.49%

Source of 2,841 case months FMMIS.

Two months presumptive eligibility.

Monthly Case Load	Annual case months	\$PMPM	Annual Cost	Federal	State
2,841	5,682				
		\$764.73	\$4,345,196		
		\$0.00	\$0		
		\$764.73	\$4,345,196	\$2,976,025	\$1,369,171

## Medicaid Pregnant Woman.

Medical

Less: Family Contribution

Net Cost

Health Care Services (68500000)	
Children's Special Health Care Trust Fund (68500100)	
(1000-2) General Revenue (State)	\$1,369,171
(2474-3) Medical Care Trust Fund	\$2,976,025
Total	\$4,345,196

## Footnotes

Per member per month. Source: Medicaid Program Analysis

Caseload Source: Medicaid Program Analysis

# Medicaid Impact Conference Issues

March 16, 2009

Proposal:

Issue #33h

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue h
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>Cover legal immigrant children and pregnant women during the first 5 years.</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	Allowed to start 04/01/2009
<b>Total Cost/(Savings)/(Revenue):</b>	\$10,345,773 Title XXI; \$47,822,414 Title XIX
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Statute change to 409.814 would be required.
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan Amendment would need to include this population.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>		No additional agency staff: however, eligibility determination for this additional population would be done for Medicaid by Department of Children and Families staff and for CHIP by FHKC's third party administrator
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33h Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	This issue is optional for state - Optional coverage group. Can't implement for CHIP without implementing for Medicaid also. Program implementation date 1/1/2010. Title XXI Federal Medical Assistance rate is 68.49%
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6		12
<b>Total (Savings) Cost of Proposal:</b>	\$10,345,773 (XXI); \$47,822,414 (XIX)		\$20,691,546 (XXI); \$95,644,828 (XIX)
<b>General Revenue:</b>	\$3,049,867 (XXI); \$21,529,651 (XIX)		\$6,099,735 (XXI); \$43,059,302 (XIX)
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$6,629,178 (XXI); \$26,292,763 (XIX)		\$13,258,357 (XXI); \$52,585,527 (XIX)
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>	\$666,727 (XXI);		\$1,333,455 (XXI);
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

March 16, 2009

## Work Papers/Notes/Comments:

Issue # 33h Cont.

Program component.	Avg. Monthly caseload	\$PMPM	Annual Cost	Federal	State
<b>Florida Healthy Kids</b>	8,620				
Medical		\$108.51	\$11,224,521		
Dental		\$11.09	\$1,147,175		
Administration		\$8.74	\$904,085		
Less: Family Contribution		(\$10.82)	(\$1,119,245)		
Net Cost		\$117.52	\$12,156,536	\$8,326,012	\$3,830,525
<b>Medikids</b>	1,086				
Medical		\$121.73	\$1,586,937		
Less: Family Contribution		(\$9.12)	(\$118,893)		
Net Cost		\$130.85	\$1,468,043	\$1,005,463	\$462,580
<b>Children's Medical Services</b>	969				
Medical		\$446.52	\$5,190,321		
Less: Family Contribution		(\$8.20)	(\$95,316)		
Net Cost		\$438.32	\$5,095,005	\$3,489,569	\$1,605,436
<b>Behavioral Health Network</b>	41				
Medical		\$1,000.00	\$489,183		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$1,000.00	\$489,183	\$335,041	\$154,141
<b>Medicaid Expansion "Children Under 1"</b>					
Medical	35	\$355.47	\$149,325		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$355.47	\$149,325	\$102,272	\$47,052

# Medicaid Impact Conference Issues

March 16, 2009

<b>Total</b>	10,751			
Medical		\$18,640,286		
Dental		\$1,147,175		
Administration		\$904,085		
Less: Family Contribution		(\$1,333,455)		
Net Cost		\$19,358,091	\$13,258,357	\$6,099,735
	Health Care Services (68500000)			
	Children's Special Health Care Trust Fund (68500100)			
	(1000-2) General Revenue (State)		\$6,099,735	
	(2474-3) Medical Care Trust Fund		\$13,258,357	
	(2339-2) Grants & Donations Trust Fund		\$1,333,455	
		Total	\$20,691,546	

	2/16/2009 SSEC SFY 09-10 Mix	
8,620	190,102	80.2%
1,086	23,958	10.1%
969	21,362	9.0%
41	899	0.4%
35	772	0.3%
10,751	237,093	100.0%

## Footnotes

Per member per month cost. Source: February 16, 2009, Social Service Estimating Conference, SFY 09-10.

(1) Number of legal aliens who do not qualify because of their alien status, as of November 2004 Enrollment Report was 10,903.

A policy was made not to enroll any more aliens, those who were currently enrolled, were grandfathered in and allowed to stay.

Over time the enrollment of this group has decreased to 152. (10,903-152) = 10,751

This represents Title XXI.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 33h Cont.

Program component.	Avg. Monthly caseload	Annual caseload	\$PMPM	Annual Cost	Federal	State
<b>Medicaid Pregnant Women</b>						
Medical	3,827	45,924	\$745.01	\$34,213,839	\$18,810,769	\$15,403,070
<b>Assumptions:</b>						
Program implementation date 1/1/2010.						
Projected Florida Medicaid Children 0 through 4						
Title XIX Federal Medical Assistance rate 54.98%						
Program component.	Avg. Monthly caseload	Annual caseload	\$PMPM	Annual Cost	Federal	State
<b>Medicaid Children</b>						
Medical	30,295	363,540	\$168.98	\$61,430,989	\$33,774,758	\$27,656,231
Health Care Services (68500000)						
Children's Special Health Care Trust Fund (68500100)						
(1000-2) General Revenue (State)				\$43,059,302		
(2474-3) Medical Care Trust Fund				\$52,585,527		
(2339-2) Grants & Donations Trust Fund				\$0		
<b>Footnotes</b>				Total	\$95,644,828	
This represents Title XIX.						

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33i**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue i
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>Supplemental dental coverage to insured children without dental benefits</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	Allowed to start 04/01/2009
<b>Total Cost/(Savings)/{Revenue}:</b>	\$7,290,193
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	No	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	Statute change needed for 409.814
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	State Plan Amendment to include this benefit package.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	No	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	



# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33i Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	This issue is optional for state - Optional benefits. Program implementation date 1/1/2010. Title XXI Federal Medical Assistance rate is 68.49%.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6		12
<b>Total (Savings) Cost of Proposal:</b>	\$7,290,193		\$14,580,386
<b>General Revenue:</b>	\$2,297,140		\$4,594,280
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$4,993,053		\$9,986,106
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

March 16, 2009

## Work Papers/Notes/Comments:

Issue # 33i Cont.

	Avg. Monthly caseload	Annual caseload	\$PMPM	Annual Cost	Federal	State
Program component.	56,575	678,900	\$12.00	\$8,146,800	\$5,579,743	\$2,567,057
	56,575	678,900	\$8.74	\$5,933,586	\$4,063,913	\$1,869,673
Dental			\$20.74	\$14,080,386	\$9,643,656	\$4,436,730
Admin				\$500,000	\$342,450	\$157,550
Total				\$14,580,386	\$9,986,106	\$4,594,280
		Health Care Services (68500000)				
This will require 3320 programming hours.		Children's Special Health Care Trust Fund (68500100)				
		(1000-2) General Revenue (State)			\$4,594,280	
		(2474-3) Medical Care Trust Fund			\$9,986,106	
		(2339-2) Grants & Donations Trust Fund				\$0
			Total		\$14,580,386	

Florida Children's Health Insurance Study 2007 has 41% below the 200% FPL.

Reports 23% of children between 100% - 200% of FPL (are Title XXI eligible's) and

56.7% are insured with private or employer sponsored insurance coverage.

2003 Medical Expenditures Panel Survey

Data reported 39.9% of the people with public or private medical insurance did not have dental coverage.

Total children in Florida is 4,349,080.

$4,349,081 * 23\% = 1,000,289$  CHIP 100%-200% of FPL

$1,000,289 * 56.7\% = 567,164$  CHIP insured.

$567,164 * 39.9\% = 226,298$

$226,298 * 25\%$  expected market penetration= 56,575 children.

### Footnotes

Per member per month cost. Source: February 16, 2009, Social Service Estimating Conference, SFY 09-10.

Source: Florida Children's Health Insurance Study 2007.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33j**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue j
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>12 months continuous eligibility for all children in Medicaid and CHIP. Affects Medicaid only.</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$20,588,580 (Title XIX only)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	Title XIX State Plan Amendment only
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33j Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Optional for State – simplifications to be eligible for bonus payments. Program implementation date 7/1/2009. Title XIX Federal Medical Assistance rate is 54.98% Children between the age of 5 through 18. Same caseload as children between the age of 0 through 4. Source of 191,700 annual case months FMMIS.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	\$20,588,580		
<b>General Revenue:</b>	\$9,268,979		
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$11,319,601		
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 33j Cont.

	Annual case months	\$PMPM	Annual Cost	Federal	State
<b>Children between the age of 6 to 19</b>	191,700				
Medical		\$107.40	\$20,588,580		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$107.40	\$20,588,580	\$11,319,601	\$9,268,979
			Health Care Services (68500000)		
			Children's Special Health Care Trust Fund (68500100)		
			(1000-2) General Revenue (State)		\$9,268,979
			(2474-3) Medical Care Trust Fund		\$11,319,601
				Total	\$20,588,580
<b>Footnotes</b>					
Per member per month. Source: Medicaid Program Analysis, March 2, 2009.					
Caseload . Source: Medicaid Program Analysis, March 2, 2009.					

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33k**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue k
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>Provide presumptive eligibility for Medicaid and CHIP</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$14,010,440 Title XXI; \$17,561,892 Title XIX
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33k Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Optional for State – simplifications to be eligible for bonus payments. Program implementation date 1/1/2010. All 14,550 children a month would be eligible. Title XXI Federal Medical Assistance rate is 68.49%.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6		12
<b>Total (Savings) Cost of Proposal:</b>	\$14,010,440 (XXI); \$17,561,892 (XIX)		\$28,020,881 (XXI); \$35,123,783 (XIX)
<b>General Revenue:</b>	\$4,414,690 (XXI); \$7,906,364 (XIX)		\$8,829,380 (XXI); \$15,812,727 (XIX)
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$9,595,751 (XXI); \$9,655,528 (XIX)		\$19,191,501 (XXI); \$19,311,056 (XIX)
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

Optional for State. After a cursory eligibility review to deny children over age and over income, all children, whether potentially eligible for Medicaid or CHIP, would receive presumptive eligibility coverage, presumably for 2 months. Since the current application approval rate is 43%, presumptive coverage would be provided to many children that would not have followed through to begin coverage. Receiving presumptive coverage may provide an incentive to families to return whatever information is needed to not lose their existing coverage.

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 33k Cont.

Program component.	Annual caseload	\$PMPM	Annual Cost	Federal	State
<b>Florida Healthy Kids</b>	140,902				
Medical		\$108.51	\$15,289,298		
Dental		\$11.09	\$1,562,605		
Administration		\$8.74	\$1,231,485		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$128.34	\$18,083,388	\$12,385,313	\$5,698,076
<b>Medikids</b>	17,809				
Medical		\$121.73	\$2,167,914		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$121.73	\$2,167,914	\$1,484,804	\$683,110
<b>Children's Medical Services</b>	15,889				
Medical		\$446.52	\$7,094,578		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$446.52	\$7,094,578	\$4,859,076	\$2,235,501
<b>Total</b>	174,600				
Medical			\$24,551,789		
Dental			\$1,562,605		
Administration			\$1,231,485		
Less: Family Contribution			\$0		
Net Cost			\$27,345,880	\$18,729,193	\$8,616,687
			\$675,000	\$462,308	\$212,693
Will require 3320 programming hours.			\$28,020,880	\$19,191,501	\$8,829,380
		Health Care Services (68500000)			
		Children's Special Health Care Trust Fund (68500100)			



# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 33k Cont.

	(1000-2) General Revenue (State)	\$8,829,380
	(2474-3) Medical Care Trust Fund	\$19,191,501
<b>Footnotes</b>	Total	\$28,020,881
Per member per month. Source: February 16, 2009 Social Service Estimating Conference.		
New caseload increases. Source: February 16, 2009 Social Service Estimating Conference.		
Title XXI		

<b>2/16/2009 SSEC SFY 09-10 Mix</b>	
190,102	80.7%
23,958	10.2%
21,362	9.1%
235,422	100.0%

Program component.	Per Month Caseload	Annual caseload	\$PMPM	Annual Cost	Federal	State
<b>Medicaid</b>						
Medical	11,581	277,944	\$126.37	\$35,123,783	\$19,311,056	\$15,812,727
				\$35,123,783	\$19,311,056	\$15,812,727
		Health Care Services (68500000)				
		Children's Special Health Care Trust Fund (68500100)				
			(1000-2) General Revenue (State)		\$15,812,727	
			(2474-3) Medical Care Trust Fund		\$19,311,056	
<b>Footnotes</b>			Total		\$35,123,783	
Per member per month. Source: March 13, 2009 Medicaid Program Analysis.						
Caseload. Source: March 13, 2009 Medicaid Program Analysis.						
Title XIX						

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 331**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue I
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>Provide express lane eligibility (use eligibility determination from another program)</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	\$165,000
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33I Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Optional for State – simplifications to be eligible for bonus payments. Program implementation date 1/1/2010. Title XXI Federal Medical Assistance rate is 68.49% This will require 1,094 programming hours.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>			12
<b>Total (Savings) Cost of Proposal:</b>			\$165,000
<b>General Revenue:</b>			\$51,992
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			\$113,008
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

# Medicaid Impact Conference Issues

March 16, 2009

## Work Papers/Notes/Comments:

Issue # 33I Cont.

Optional for State. This provision would simplify the eligibility process and possibly reduce costs, however, because this simplifies the eligibility process, more children would be approved. The current KidCare approval rating is 43%. Most denials are due to not providing the requested eligibility documentation. If less or no documentation is needed from families, then the approval rating will increase, resulting in increased enrollment.

This will require 1,094 programming hours.

Health Care Services (68500000)	
Children's Special Health Care Trust Fund (68500100)	
(1000-2) General Revenue (State)	\$51,992
(2474-3) Medical Care Trust Fund	\$113,009
Total	\$165,000

## Footnotes

Source: Florida Healthy Kids

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 33m**

<b>Proposal Name:</b>	CHIPRA 2009 OPTIONAL – Issue m
<b>Brief Description of Proposal:</b>	Costs associated with implementing the optional provisions of CHIPRA 2009 <b>Provide increase in SCHIP income level to 300% FPL.</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	01/01/2010
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$39,550,858
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.8132, 408.814, 624.91
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 33m Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Optional for State – Increase SCHIP income level to 300% FPL. Program implementation date 1/1/2010. Title XXI Enhanced Federal Medical Assistance rate is 68.49%.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/01/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	6		12
<b>Total (Savings) Cost of Proposal:</b>	\$39,550,858		\$79,101,716
<b>General Revenue:</b>	\$11,659,339		\$23,318,677
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$25,342,687		\$50,685,375
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>	\$2,548,832		\$5,097,664
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

According to the Florida Children's Health Insurance Study 2007 prepared by the University of Florida's Institute for Child Health Policy, there are 548,000 uninsured children in Florida and 15% or 82,200 have family incomes between 200% - 300%FPL. Some full pay enrollees, with income between 200%-300%FPL are already in the program, and would automatically move to subsidized coverage. This includes a number of current full pay children who meet CMS' clinical requirements who would then be appropriately eligible for CMS enrollment.

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 33m Cont.

Program component.	Avg. Monthly caseload	\$PMPM	Annual Cost	Federal	State
<b>Florida Healthy Kids</b>	32,954				
Medical		\$108.51	\$42,910,224		
Dental		\$11.09	\$4,385,535		
Administration		\$8.74	\$3,456,229		
Less: Family Contribution		(\$10.82)	(\$4,278,764)		
Net Cost		\$117.52	\$46,473,224	\$31,829,511	\$14,643,713
<b>Medikids</b>	4,153				
Medical		\$121.73	\$6,066,700		
Less: Family Contribution		(\$9.12)	(\$454,517)		
Net Cost		\$130.85	\$5,612,183	\$3,843,784	\$1,768,399
<b>Children's Medical Services</b>	3,703				
Medical		\$446.52	\$19,842,078		
Less: Family Contribution		(\$8.20)	(\$364,385)		
Net Cost		\$438.32	\$19,477,694	\$13,340,272	\$6,137,421
<b>Behavioral Health Network</b>	156				
Medical		\$1,000.00	\$1,870,097		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$1,000.00	\$1,870,097	\$1,280,829	\$589,267
<b>Medicaid Expansion "Children Under 1"</b>					
Medical	134	\$355.47	\$570,853		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$355.47	\$570,853	\$390,977	\$179,876

# Medicaid Impact Conference Issues

March 16, 2009

Work Papers/Notes/Comments:

Issue # 33m Cont.

<b>Total</b>	41,100			
Medical		\$71,259,953		
Dental		\$4,385,535		
Administration		\$3,456,229		
Less: Family Contribution		(\$5,097,665)		
Net Cost		\$74,004,051	\$50,685,375	\$23,318,677
		Health Care Services (68500000)		
		Children's Special Health Care Trust Fund (68500100)		
		(1000-2) General Revenue (State)		\$23,318,677
		(2474-3) Medical Care Trust Fund		\$50,685,375
		(2339-2) Grants & Donations Trust Fund		\$5,097,665
			Total	\$79,101,716
<b>Footnotes</b>				
Uninsured children over 200% up to 300% of FPL. Source: (Florida Children's Health Insurance Study 2007)				
Percent expected to enroll by program component. Source: February 16, 2009, Social Service Estimating Conference caseload mix.				
Per member per month. Source: February 16, 2009 Social Service Estimating Conference.				

2/16/2009 SSEC SFY 09-10 Mix	
190,102	80.2%
23,958	10.1%
21,362	9.0%
899	0.4%
772	0.3%
<b>237,093</b>	<b>100.0%</b>

Uninsured children over 200 % up to 300% of FPL.	82,200
Kidcare application approval rate.	100%
Enrollment lag factor	50%
Uninsured children over 200% up to 300% FPL likely to complete application process and pay premiums.	41,100



# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 34**

<b>Proposal Name:</b>	Expand Consumer Directed Care - APD Waiver
<b>Brief Description of Proposal:</b>	Provide an estimate of savings associated with an achievable expansion of Consumer Directed Care Plus Program.
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/(Revenue):</b>	\$1,529,904.88 (Year 1)
<b>Bureau(s) Responsible for Administration:</b>	Bureau of Community Services

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>		<p>The Agency would be required to submit an amendment to the 1915(j) Medicaid State Plan before this change could be implemented. We cannot provide an exact timeline for implementing this change as the Centers for Medicare and Medicaid Services (CMS) must approve the amendment. However, application materials have been completed and are awaiting submission by the Agency for Health Care Administration (AHCA).</p> <p>Please find below a short description of the general process Federal CMS uses when approving 1915(j) waiver amendments.</p> <ul style="list-style-type: none"> <li>• <b>1<sup>st</sup> 90-days</b> - Begins on date of receipt of the waiver amendment packet sent by the State.</li> <li>• <b>90<sup>th</sup> day</b> - CMS must approve, deny or Request Additional Information (RAI) by the 90<sup>th</sup> day.</li> <li>• The Request for information (RAI) <b>stops clock</b></li> <li>• <b>2<sup>nd</sup> 90-days</b> - Begins on date of receipt of State's response to Request for Additional Information (RAI)</li> </ul> <p><b>90<sup>th</sup> day</b> - CMS must approve or deny request by the 90th day of the 2<sup>nd</sup> 90 day review period.</p>
<b>II. Will this proposal require a change in Florida Statute?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Issue # 34 Cont.

<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	Please refer to number 1 above.
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	1915(j) is technically viewed as a State Plan. Please refer to section III.
<b>VII. Will this proposal require additional staffing?</b>	Yes	Additional staffing would be needed to respond to customer service requests, pay the payroll company, and provide quality assurance and training. This additional staffing would be funded by the administrative fee paid out of the participant's budgets. Additional staffing is needed once the program has reached a total of 1900 enrollees.
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>		
<b>IX. Is this proposal included in the current Governors recommendations?</b>	Yes	Proviso following specific appropriations. The Governor's proposed bill allows for the expansion of the CDC+ program by 2500 individuals, with savings to be used to serve the waitlist.

### Analysis:

<b>Lead Analyst:</b>	Susan Chen
<b>Secondary Analyst:</b>	Hilary Brazzell
<b>Assumptions (Data source and methodology):</b>	Assume only clients who live in family home or independent living may move into CDC+, enrollment is phased in over 12 months, with 25% of the 2,500 clients enrolling each quarter, and savings are generated through 8% discount rate of FY 08-09 expenditures projected.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/02/09

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 34 Cont.

Funding Sources:	Start Year	Additional Year	Annualized
<b>Number of Months in the Analysis:</b>	6 months	12 months	
<b>Total (Savings) Cost of Proposal:</b>	\$1,529,904.88	\$3,059,809.76	\$3,059,809.76
<b>General Revenue:</b>	\$495,077.22	\$990,154.44	\$990,154.44
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$1,034,827.66	\$2,069,655.32	\$2,696,555.32
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>	(\$0)		

## Fiscal Impact: Moving Clients from Current Waivers to CDC+

Tiers	Percent of Total Clients Moving to CDC+	Total Number of Clients	Clients in Family Home	Clients in Independent Living	Avg Cost Per Person FY 08-09 Projected	Total Cost Projected	Annual Savings Projected	Year 1 Savings Projected
Tier 1	4%	111	102	9	\$ 67,342.89	\$ 7,475,061.01	\$ 598,004.88	\$ 299,002.44
Tier 2	2%	58	32	26	\$ 41,937.80	\$ 2,432,392.14	\$ 194,591.37	\$ 97,295.69
Tier 3	21%	519	493	26	\$ 22,896.41	\$11,883,235.19	\$ 950,658.81	\$ 475,329.41
Tier 4	72%	1812	1756	56	\$ 9,082.19	\$16,456,933.64	\$1,316,554.69	\$ 658,277.35
<b>Total</b>	<b>100%</b>	<b>2500</b>	<b>2383</b>	<b>117</b>		<b>\$38,247,621.98</b>	<b>\$3,059,809.76</b>	<b>\$ 1,529,904.88</b>

### Assumptions:

1. Only clients who live in their family home or independent living may move into CDC+.
2. In Year 1, 2,500 HCBS clients move from their current waiver and enroll in CDC+.
3. Savings are generated through a discount rate of 8% of FY 08-09 non-CDC+ expenditures, projected.
4. Enrollment is phased in over 12 months, with 25% of the 2,500 clients enrolling each quarter.
5. The distribution from tiers and living situations of clients moving to CDC+ would be proportionate to the number of eligible individuals in each tier and living situation.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 34 Cont.

## Work Papers/Notes/Comments:

AHCA Comments:

CDC+ started as an 1115 demonstration program, and thus there was a requirement that the program be budget neutral. Budget neutrality was calculated based on a comparison between expenditures for an experimental and control group and later it was based on comparable trend rates. When the program started, individuals interested in enrolling in CDC+ were randomly assigned to either the experimental group, where they were able to direct their budget and hire their own workers, or the control group, where they continued to receive services through their fee for service home and community based services waiver.

CDC+ gives consumers a monthly budget that is based on the estimated cost of their plan of care, while the "control" group receives services that are paid fee for service. When CDC+ started, analysis showed that, on average, consumers with developmental disabilities received services that cost 92% of what was on their plan of care. To ensure that CDC+ did not cost more than the fee for service waiver (the control group), the CDC+ participants' monthly budget was calculated at 92% of the value of their care plan. This 8% reduction is commonly referred to as the "discount rate."

In addition, consumers pay for administrative costs of the program from their monthly budget. These costs cover the fiscal/employer agent, which performs duties such as registering providers, tracking consumers' expenditures, paying providers, providing customer service and monthly budget and expenditure statements, and handling federal taxes (e.g., payroll taxes). Currently, consumers with developmental disabilities who participate in CDC+ pay 4% of their budget to cover administrative costs.

In March 2008, at the direction of federal CMS, CDC+ converted from an 1115 waiver to a 1915(j) participant directed care state plan service. There is no longer a requirement that the program be budget neutral. The state, however, had to maintain the program as budget neutral because there was no additional appropriation to cover an increase in costs, so budgets are still discounted and consumers still pay for the administrative costs of the program.

In order to achieve savings from CDC+ (rather than continuing to be budget neutral), the monthly budget must be calculated differently than it is currently. One way to achieve savings would be to take a discount from the individual's expenditures, rather than from the value of their care plan. Any change in the way the monthly budget is calculated will require an amendment to the state plan. Such a change would be applied both to current CDC+ enrollees and to any new enrollees, as state plan benefits must be comparable within population groups.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 35a**

<b>Proposal Name:</b>	SB 918 / HB 1329 KidCare Program – Issue 35a
<b>Brief Description of Proposal:</b>	Costs associated with implementing: <b>Establish good cause exceptions to wait period for voluntary cancellation of other health insurance coverage</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$6,901,086
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.814
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 35a Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Title XXI Federal Medical Assistance rate is 68.49% Program implementation date 7/1/2009. Title XXI Federal Medical Assistance rate 68.49% Each month 600 applicants were denied coverage because the waiting period. Annually this would be 7,200 applications. Six months of coverage.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/13/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	\$6,901,086		
<b>General Revenue:</b>	\$2,033,377		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	\$4,419,740		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	\$447,969		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

## Work Papers/Notes/Comments:

The good cause exception that would have a slight fiscal impact is families who cancelled their other health insurance coverage due to the cost exceeding 5% of their family income. The other proposed good cause reasons are already acceptable reasons or have not fiscal impact.

# Medicaid Impact Conference Issues

March 16, 2009

Issue # 35a Cont.

Program component.	Avg. Monthly caseload	\$PMPM	Annual Cost	Federal	State
<b>Florida Healthy Kids</b>	5,792				
Medical		\$108.51	\$3,770,838		
Dental		\$11.09	\$385,389		
Administration		\$8.74	\$303,724		
Less: Family Contribution		(\$10.82)	(\$376,007)		
Net Cost		\$117.52	\$4,083,945	\$2,797,094	\$1,286,851
<b>Medikids</b>	730				
Medical		\$121.73	\$533,126		
Less: Family Contribution		(\$9.12)	(\$39,942)		
Net Cost		\$130.85	\$493,184	\$337,782	\$155,402
<b>Children's Medical Services</b>	651				
Medical		\$446.52	\$1,743,670		
Less: Family Contribution		(\$8.20)	(\$32,021)		
Net Cost		\$438.32	\$1,711,649	\$1,172,308	\$539,340
<b>Behavioral Health Network</b>	27				
Medical		\$1,000.00	\$164,339		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$1,000.00	\$164,339	\$112,556	\$51,783
<b>Total</b>	7,200				
Medical			\$6,211,973		
Dental			\$385,389		
Administration			\$303,724		
Less: Family Contribution			(\$447,969)		

# Medicaid Impact Conference Issues

March 16, 2009

Net Cost	\$6,453,117	\$4,419,740	\$2,033,377
	Health Care Services (68500000)		
	Children's Special Health Care Trust Fund (68500100)		
	(1000-2) General Revenue (State)		\$2,033,377
	(2474-3) Medical Care Trust Fund		\$4,419,740
	(2339-2) Grants & Donations Trust Fund		\$447,969
		Total	\$6,901,086
<b>Footnote</b>	Per member per month cost. Source: February 16, 2009, Social Service Estimating Conference, SFY 09-10		
	Caseload Source: Florida Healthy Kids		

7,200

2/16/2009 SSEC SFY 09-10 Mix	
190,102	80.4%
23,958	10.1%
21,362	9.0%
899	0.4%
236,321	100.0%



# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 35b**

<b>Proposal Name:</b>	SB 918 / HB 1329 KidCare Program – Issue 35b
<b>Brief Description of Proposal:</b>	Costs associated with implementing: <b>Electronic verification of income</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.814
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 35b Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 7/1/2009 No anticipated cost.
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/13/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$0)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

Health Care Services (68500000)	
Children's Special Health Care Trust Fund (68500100)	
(1000-2) General Revenue (State)	\$0
(2474-3) Medical Care Trust Fund	\$0
<b>Total</b>	<b>\$0</b>

## Work Papers/Notes/Comments:

Interagency agreement needed between Agency for Work Force Innovation, Department of Revenue, Agency for Health Care Administration, Florida Healthy Kids Corporation and ACS

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 35c**

<b>Proposal Name:</b>	SB 918 / HB 1329 KidCare Program – Issue 35c
<b>Brief Description of Proposal:</b>	Costs associated with implementing: <b>Add infants 0-1 year old to Full Pay program in MediKids</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.8132 and 409.814
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 35c Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 7/1/2009 No fiscal impact to Title XXI since Full Pay
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/13/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	(\$0)		
<b>General Revenue:</b>	(\$0)		
<b>Administrative Trust Fund:</b>	(\$0)		
<b>Medical Health Care Trust Fund:</b>	(\$0)		
<b>Refugee Assistance Trust Fund:</b>	(\$0)		
<b>Tobacco Settlement Trust fund:</b>	(\$0)		
<b>Grants and Donation Trust Fund:</b>	(\$0)		
<b>Public Medical Assistance Trust Fund:</b>	(\$0)		
<b>Other State Funds:</b>	(\$0)		

Health Care Services (68500000)	
Children's Special Health Care Trust Fund (68500100)	
(1000-2) General Revenue (State)	\$0
(2474-3) Medical Care Trust Fund	\$0
<b>Total</b>	<b>\$0</b>

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 35d**

<b>Proposal Name:</b>	SB 918 / HB 1329 KidCare Program – Issue 35d
<b>Brief Description of Proposal:</b>	Costs associated with implementing: <b>Continuity of coverage in transition from Medicaid to Title XXI</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	N/A
<b>If not July 1, start date; please explain.</b>	No fiscal impact – cannot implement
<b>Total Cost/(Savings)/(Revenue):</b>	(\$0)
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	No	
<b>II. Will this proposal require a change in Florida Statute?</b>	No	
<b>III. Will this proposal require a State Plan Amendment?</b>	No	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 35d Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Title XXI Federal Medical Assistance rate is 68.49%
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/13/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	N/A		
<b>Total (Savings) Cost of Proposal:</b>			
<b>General Revenue:</b>			
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>			
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>			
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

## Work Papers/Notes/Comments:

The Centers for Medicare and Medicaid Services has advised the Agency that this is considered presumptive eligibility and presumptive eligibility cannot be limited to this population. Presumptive eligibility would have to be offered to all new Title XXI applicants.

# Medicaid Impact Conference Issues

March 16, 2009

**Proposal: Issue # 35e**

<b>Proposal Name:</b>	SB 918 / HB 1329 KidCare Program – Issue 35e
<b>Brief Description of Proposal:</b>	Costs associated with implementing: <b>Reduce 6 month wait for subsidized coverage due to voluntary cancellation of other health insurance coverage to 60 days</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$1,035,887
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.814
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

March 16, 2009

## Analysis:

Issue # 35e Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 7/1/2009. Title XXI Enhanced Federal Medical Assistance rate is 68.49%
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/13/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	\$1,035,887		
<b>General Revenue:</b>	\$304,934		
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$662,802		
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>	\$68,151		
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			

Program component.	Avg. Monthly caseload	\$PMPM	Annual Cost	Federal	State
<b>Florida Healthy Kids</b>	1,330				
Medical		\$113.14	\$601,863		
Dental		\$11.60	\$61,708		
Administration		\$8.08	\$42,983		
Less: Family Contribution		(\$10.82)	(\$57,558)		
Net Cost		\$122.00	\$648,995	\$444,497	\$204,498
<b>Medikids</b>	195				
Medical		\$121.73	\$95,096		
Less: Family Contribution		(\$9.13)	(\$7,132)		
Net Cost		\$130.86	\$87,964	\$60,246	\$27,717
<b>Children's Medical Services</b>	115				
Medical		\$446.52	\$205,734		



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Less: Family Contribution		(\$7.51)	(\$3,460)		
Net Cost		\$439.01	\$202,273	\$138,537	\$63,736
<b>Behavioral Health Network</b>	5				
Medical		\$1,000.00	\$20,061		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$1,000.00	\$20,061	\$13,740	\$6,321
<b>Medicaid Expansion "Children Under 1"</b>					
Medical	6	\$351.79	\$8,443		
Less: Family Contribution		\$0.00	\$0		
Net Cost		\$351.79	\$8,443	\$5,783	\$2,660
<b>Total</b>	1,651				
Medical			\$931,197		
Dental			\$61,708		
Administration			\$42,983		
Less: Family Contribution			(\$68,151)		
Net Cost			\$967,736	\$662,803	\$304,934
		Health Care Services (68500000)			
		Children's Special Health Care Trust Fund (68500100)			
		(1000-2) General Revenue (State)		\$304,934	0.294369579
		(2474-3) Medical Care Trust Fund		\$662,803	0.639840447
		(2339-2) Grants & Donations Trust Fund		\$68,151	0.065789973
			Total	\$1,035,887	1
<b>Footnotes</b>					
Percent expected to enroll by program component. Source: October 24, 2008, Social Service Estimating Conference caseload mix.					
Per member per month. Source: October 24, 2008 Social Service Estimating Conference.					
Caseload Source: Florida Healthy Kids Corp.					

# Medicaid Impact Conference Issues

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**Proposal: Issue # 35f**

<b>Proposal Name:</b>	SB 918 / HB 1329 KidCare Program – Issue 35f
<b>Brief Description of Proposal:</b>	Costs associated with implementing: <b>Reduce loss of coverage period for late payment of premium from 60 to 30 days</b>
<b>Proposed State Fiscal Year: 00/00</b>	09/10
<b>Proposed Start Date: 00/00/0000</b>	07/01/2009
<b>If not July 1, start date; please explain.</b>	
<b>Total Cost/(Savings)/{Revenue}:</b>	\$7,143,316
<b>Bureau(s) Responsible for Administration:</b>	Medicaid Program Analysis

<b>Key Elements:</b>	<b>Yes/No</b>	<b>Explanation and Time Frame</b>
<b>I. Anticipated implementation time line and process.</b>	Yes	
<b>II. Will this proposal require a change in Florida Statute?</b>	Yes	409.814
<b>III. Will this proposal require a State Plan Amendment?</b>	Yes	
<b>IV. Will this require the Procurement Process?</b>	No	
<b>V. Will this proposal require an administrative rule?</b>	No	
<b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b>	No	
<b>VII. Will this proposal require additional staffing?</b>	No	
<b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>	Yes	
<b>IX. Is this proposal included in the current Governors recommendations?</b>	No	

# Medicaid Impact Conference Issues

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## Analysis:

Issue # 35f Cont.

<b>Lead Analyst:</b>	Greg Bracko / Tom Wallace
<b>Secondary Analyst:</b>	Gail Hansen
<b>Assumptions (Data source and methodology):</b>	Program implementation date 7/1/2009. Title XXI Enhanced Federal Medical Assistance blended rate is 68.49%
<b>FY Impacted by Implementation:</b>	FY 09/10
<b>Date Analysis Completed:</b>	03/13/09

<b>Funding Sources:</b>	<b>Start Year</b>	<b>Additional Year</b>	<b>Annualized</b>
<b>Number of Months in the Analysis:</b>	12		
<b>Total (Savings) Cost of Proposal:</b>	\$7,143,316		
<b>General Revenue:</b>	\$2,102,490		
<b>Administrative Trust Fund:</b>			
<b>Medical Health Care Trust Fund:</b>	\$4,569,964		
<b>Refugee Assistance Trust Fund:</b>			
<b>Tobacco Settlement Trust fund:</b>			
<b>Grants and Donation Trust Fund:</b>	\$470,862		
<b>Public Medical Assistance Trust Fund:</b>			
<b>Other State Funds:</b>			