

**MEDICAID IMPACT CONFERENCE
FY 2005-06**

	ISSUE	GR	TF	TOTAL	DESCRIPTION
1	Nursing Homes Rate Freeze				Freeze NH reimbursement rates at the June 30, 2005 per-diem. Included in Govs. Recs.
2	Inpatient Hospital Rate Freeze				Freeze Inpatient Hospital reimbursement rates at the June 30, 2005 per-diem. Included in Govs. Recs.
3	Outpatient Hospital Rate Freeze				Freeze Outpatient Hospital reimbursement rates at the June 30, 2005 per-diem. Included in Govs. Recs.
4	ICF/DD Rate Freeze				Freeze ICF/ DD reimbursement rates at the June 30, 2005 per-diem.
5	Prepaid Health Plans				Freeze HMO rates at the capitation rate that is in effect on June 30, 2005. Included in Govs. Recs.
6	Hospice Rates (effect from nursing home rate freeze)				A direct result from freezing nursing home reimbursement rates. Medicaid Hospice room and board rates are paid at a discounted percentage of nursing home rates. Therefore, if nursing home rates are frozen, a corresponding savings in hospice will occur. (Included in Governors FY 2005-06 Budget)
7.1	Nursing Home Limited Rate Increase of 1%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
7.2	Nursing Home Limited Rate Increase of 2%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
7.3	Nursing Home Limited Rate Increase of 3%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
8.1	Inpatient Hospital Limited Rate Increase of 1%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
8.2	Inpatient Hospital Limited Rate Increase of 2%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
8.3	Inpatient Hospital Limited Rate Increase of 3%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
9.1	Outpatient Hospital Limited Rate Increase of 1%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
9.2	Outpatient Hospital Limited Rate Increase of 2%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
9.3	Outpatient Hospital Limited Rate Increase of 3%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
10.1	ICF/DD Limited Rate Increase of 1%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
10.2	ICF/DD Limited Rate Increase of 2%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.

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FY 2005-06**

	ISSUE	GR	TF	TOTAL	DESCRIPTION
10.3	ICF/DD Limited Rate Increase of 3%				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
11.1	Prepaid Health Plan Limited Rate Increase				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
11.2	Prepaid Health Plan Limited Rate Increase				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
11.3	Prepaid Health Plan Limited Rate Increase				Allow the rates to increase at a minimal percentage. Provide the estimated savings based on a scale of percentages i.e. 1%, 2%,3% increase in the rate. Therefore, savings are accrued from the price level increase estimated in the conference.
12	Delay Nursing Home Staffing Increase				Currently nursing homes are required to provide 2.6 hours of direct patient care per patient per day. This requirement is currently set to increase to 2.9 hours of direct patient care per patient per day on July 1, 2005. This proposal will delay the increase until July 1, 2006. (Included in Governors FY 2005-06 Budget)
13	Set HMO by Two Infant Groups				Age grouping is currently used as part of the methodology in calculating HMO capitation rates. This proposal will divide the current age group for infants (0-12 months) into two separate groups; ages 0-3 months and 4-12 months. (Included in Governors FY 2005-06 Budget)
14	Medicaid Hospital HMO Hospital Day Ceiling				This issue will require Medicaid HMO providers to be responsible for 365 days of hospital inpatient care. Medicaid currently reimburses for up to 45 days of hospital inpatient care per recipient. Medicaid will pay for additional days above the 45 day limit if the stay has been deemed an emergency. Currently, HMO providers are only responsible for 45 days of inpatient care. If an HMO recipient stays beyond the 45th day, and the stay is deemed an emergency, the hospital inpatient expenses are paid using the fee for service system. This proposal will require Medicaid HMOs to bear the risk of all hospital inpatient stays for their recipients, thereby resulting in a savings based on payment through the capitation rate, rather than the fee for service system. (Included in Governors FY 2005-06 Budget)
15	Provider Service Network Expansion				Expands provider service networks into Alachua, Duval, Dade and Broward counties. (Included in Governors FY 2005-06 Budget)
16	Eliminate Meds AD for Non-Institutionalized Individuals with Medicare Coverage				This issue eliminates Medicaid coverage for all non-institutionalized Medicare eligible recipients (approximately 77,000) in the Medicaid Aged and Disabled (MEDS AD) eligibility category. Medicare eligible recipients currently receive their primary care physician and hospital inpatient coverage through Medicare part A and B. On January 1, 2006, these individuals will also receive a prescription drug benefit through Medicare part D. (Included in Governors FY 2005-06 Budget)

**MEDICAID IMPACT CONFERENCE
FY 2005-06**

	ISSUE	GR	TF	TOTAL	DESCRIPTION
17	Cost Effective Formulary				<p>This issue will allow Medicaid to provide a restrictive formulary. The formulary will be limited to the most cost effective drugs in each therapeutic category. There will be no prior authorizations for drugs that are not included on the formulary.</p> <p>Currently, all state Medicaid programs are allowed to participate in the federal drug rebate program. The federal rebate program requires pharmaceutical manufacturers to provide a rebate on every drug purchased by a state Medicaid program. However, as a condition of participation in this rebate program, federal rules require states to make available every FDA approved prescription drug to their Medicaid recipients. Therefore, to implement this restrictive formulary, Florida Medicaid, must opt-out of the federal rebate program and negotiate its own rebates with manufactures. Savings are achieved by allowing only the most cost effective drugs in each therapeutic class on the formulary. The program will now have the ability to deny prescriptions written for drugs that are not included on the formulary. (Included in Governors FY 2005-06 Budget)</p>
18	Rx. Caps 8 rx limit of which 5 brand				This issue limits the number of prescriptions per month to 8 per individual, of which only 5 can be brand named drugs. The limit will currently service the entire monthly prescription need of 90% of all recipients. Nursing home recipients would be exempt from this requirement.
19	PDL/4 Brand Limit for Mental Health Drugs				Apply the current preferred drug list/pdl requirements. To the drugs that are currently exempt.
20	PDL/4 Brand Limit for HIV Drugs				Apply the current preferred drug list/pdl requirements. To the drugs that are currently exempt.
21	Step therapy for prescribed drugs				This issue will allow the Medicaid program to set specific clinical guidelines regarding the appropriate prescription therapy for certain drug types. i.e. Cox II inhibitors
22	Recipient Age Related Prior Authorization for Certain Prescribed Drugs				This issue will allow the Agency to set specific recipient age related prior authorization requirements on certain drugs based on clinical guidelines.
23	Increase the Clinical Decision Making Authority of the Pharmaceutical and Therapeutics Committee				This issue would allow the P&T committee additional authority to recommend prior authorizations or remove products from the Preferred Drug List based on clinical reviews and guidelines.
24	Return Reuse Prescribe Drugs for Mental Health Residential Treatment Facility				
25	Prior Authorize Synagis				
26	Savings of Prescription Drug Claims Processing as a Result of Medicare Part D				Medicaid will no longer process prescription drug claims for Medicare dual eligibles beginning January 1, 2006.
27	Increase Inpatient County Billing Rates				Currently counties are required to pay approximately 35% of hospital inpatient costs for days 11-45 of an inpatient stay. This issue will increase the county contribution amount.
28	Increase Nursing Home County Billing Rates				Currently counties make payments of \$55 per person per month for nursing home costs. This issue would increase their contribution.
29	Eliminate Medipass Management Fee				Eliminates the \$3 payment paid to doctors in the Medipass program. Doctors are paid \$3 each month for each recipient under their care. The payment is designed as an incentive for the doctor to managed the recipients care between other specialty physicians.
30	Expand Managed Care Enrollment				Currently Medicaid is required to enroll 60% of recipients into managed care plans. This issue will increase enrollment into managed care plans thereby producing a savings through the capitation reimbursement methodology. Provide a scale of savings i.e. 61%, 62%... up to 65%
31	Capitated Long Term Care				Fully capitate all services for individuals in long term care facilities.
32	Increase Disease Management for Chronically Ill				Expand current disease management programs.
33	Reduce HMO Rates By 2%				Reduce the HMO capitation rate by 2%. HMO rates are currently set at approximately 91% of fee for service. 2% of 2005-06
34	Prevention of Artificial Impoverishment				Increase the look-back period for asset transfers.
35	Increase Nursing Home Diversion Waiver				Increase the capacity of the nursing home diversion program. 1,000 additional slots

**MEDICAID IMPACT CONFERENCE
FY 2005-06**

	ISSUE	GR	TF	TOTAL	DESCRIPTION
36	Eliminate Hospice Funding				Eliminates hospice services in Medicaid. Hospice is an optional service. 25% of 2005-06 Hospice in Oct. 2004 SSEC
37	Risk Adjust HMO Rates for Health Status				Include health status data into the HMO capitation rate methodology.
38	Eliminate Medically Needy Prescription Only Program				Eliminates the Medically needy program. (the Rx only program as of July 1, 2005)
39	Healthy Kids Dental				Eliminates dental coverage for title XXI eligible children.
40	Eliminate eligibility for children older than 18				This would eliminate eligibility for all recipients older than 18 that are in the children category.
41	Medically Needy Premiums for all Medically Needy recipients up to the federal maximum				Federal regulations allow states to charge medically needy recipients a premium. Premiums are determined by family income and size. They range from \$1 per month to \$19 per month. See 42 CFR 447.52.
42	Change Medically Needy determination to six months instead of every month				Federal regulations allow states to determine eligibility base on one to six months of medical bills. By extending to six months, the care could be managed.
43	Medically Needy as the only optional group				This would eliminate all other optional eligibility groups.
44	Eliminate Meds AD				Goes beyond the Governor's budget to eliminate the entire group.
45	Eliminate State Share for NICA clients				NICA is a no-fault, self-insurance pool for physicians and hospitals, where children are injured at birth. However, Medicaid is paying the total cost of health services for some NICA children. Federal regulation requires Medicaid to be payer of last resort. Instead of requiring NICA to pay the full cost, the children will be moved to CMS and NICA funds will provide the state match to draw Medicaid funds. To keep the NICA fund sound, it will require eliminating the exemption from certain hospitals that are currently not paying their assessment. These exempt hospitals have the majority of the NICA clients.
46	Repeal paragraph 2 of 409.9124				Legislation that passed last session that could dramatically impact rates
47	Repeal paragraph 3 of 409.9124				Legislation that passed last session that could dramatically impact rates
48	Require rebates for Title XXI children				Require Clarendon to transmit the national drug code for all prescriptions purchased so Florida can require manufacturers to provide the state with prescription drug rebates.
49	Require rebates for multi-source physician-administered drugs				Federal HHS OIG Report (OEI-03-02-00660) indicates that Florida does not receive rebates for multi-source physician-administered drugs. The report estimates the state could generate \$1.3 million in savings if it did receive the rebates.
50	Place all SSI non-institutionalized individuals in HMOs				This would require all SSI to be enrolled in HMOs even when they are in other forms of managed care.
51	Place all MEDS AD non-institutionalized individuals in HMOs				This would require all MEDS AD to be enrolled in HMOs even when they are in other forms of managed care.
52	Hard cap of 3 Brand and 3 Generics				This is what is done in Texas and would limit all recipients to 3 brand prescriptions and 3 generic prescriptions per month.
53	Use daily or weekly allotment machines in LTC facilities				This would end the practice of providing LTC residents monthly prescriptions or longer. It would limit them to a weeks worth of prescriptions or less.
54	State Pooled Purchasing for Rx Rebates				Allow AHCA to join a state prescription drug rebate pool.

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #1A Nursing Home Rate Freeze without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME RATE FREEZE
Brief Description of Proposal:	FREEZE NURSING HOME REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM. INCLUDED IN GOVS. RECS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$241,019,562)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be required prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Long-Term Care Reimbursement Plan which may include, but are not limited to, the inflation factor, provider target, class ceiling, target rate class ceiling, new provider target, Medicaid Adjustment Rate, or any component of the Fair Rental Value System or property ceiling to effect this reduction in the reimbursement methodology for all components other than the direct patient care component. The direct patient care component of the methodology may be changed to include a provider target, target rate class ceiling, and new provider target.

Medicaid Impact Conference Issues

March 7, 2005

Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Estimate based on adopted SSEC. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments.

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. Although specific policies regarding implementation have not yet been determined, it is assumed that in the average aggregate, providers would receive no additional price level increase over the rate in effect on June 20, 2005.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Long Term Care Capitation rates only
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$241,019,562)
General Revenue:	(\$99,083,142)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$141,936,420)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #1B Nursing Home Rate Freeze with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME RATE FREEZE
Brief Description of Proposal:	FREEZE NURSING HOME REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM, ASSUMING RESTORATION OF THE 04-05 REDUCTION.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$147,027,183)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If "Yes" please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If "Yes" please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be required prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If "Yes", for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If "Yes" for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If "Yes" provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Relating to Governor's Recommendations	The agency shall implement changes to the methodology in the Title XIX Long-Term Care Reimbursement Plan which may include, but are not limited to, the inflation factor, provider target, class ceiling, target rate class ceiling, new provider target, Medicaid Adjustment Rate, or any component of the Fair Rental Value System or property ceiling to effect this reduction in the reimbursement methodology for all components other than the direct patient care component. The direct patient care component of the methodology may be changed to include a provider target, target rate class ceiling, and new provider

Medicaid Impact Conference Issues

March 7, 2005

Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Estimate based on adopted SSEC. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments.

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. This estimate allows the agency to establish the 6/30/05 rates based upon the Title XIX Reimbursement Plan without any reductions, thus restoring the amounts removed from rates for SFY 04-05. The agency could then change the reimbursement methodology to reduce the regular increase in rates as directed.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Long Term Care Capitation rates only
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$147,027,183)
General Revenue:	(\$60,442,875)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$86,584,308)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #2A Hospital Inpatient Rate Freeze without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	HOSPITAL INPATIENT RATE FREEZE
Brief Description of Proposal:	FREEZE INPATIENT HOSPITAL REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM. INCLUDED IN GOVS. RECS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$155,578,610)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law.
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Effect on Florida Statute:	None
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. Although specific policies regarding implementation have not yet been determined, it is assumed that in the average aggregate, providers would receive no additional price level increase over the rate in effect on June 20, 2005. The Hospital UPL program is not anticipated to cover this reduction, therefore amounts hospitals receive would be reduced.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Lower rates would be used as basis for 05-06 capitation rate. The impact has not yet been determined.
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$155,578,610)
General Revenue:	(\$63,871,701)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$91,531,037)
Refugee Assistance Trust Fund:	(\$173,872)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #2B Hospital Inpatient Rate Freeze with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	HOSPITAL INPATIENT RATE FREEZE
Brief Description of Proposal:	FREEZE INPATIENT HOSPITAL REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM, ASSUMING RESTORATION OF THE 04-05 REDUCTION.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$89,059,521)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law.
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Effect on Florida Statute:	None
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. This estimate allows the agency to establish the 6/30/05 rates based upon the Title XIX Reimbursement Plan without any reductions, thus restoring the amounts removed from rates for SFY 04-05. The agency could then change the reimbursement methodology to reduce the regular increase in rates as directed.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Lower rates would be used as basis for 05-06 capitation rate
Date Completed:	3/3/05
Total (Saving(s)) Cost of Proposal:	(\$89,059,521)
General Revenue:	(\$36,562,803)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$52,396,134)
Refugee Assistance Trust Fund:	(\$100,584)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #3A Hospital Outpatient Rate Freeze without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	HOSPITAL OUTPATIENT RATE FREEZE
Brief Description of Proposal:	FREEZE OUTPATIENT HOSPITAL REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM. INCLUDED IN GOVS. RECS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$25,073,681)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Effect on Florida Statute:	None
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. Estimates based on adopted SSEC. Although specific policies regarding implementation have not yet been determined, it is assumed that in the average aggregate, providers would receive no additional price level increase over the rate in effect on June 20, 2005. The Hospital UPL program is not anticipated to cover this reduction, therefore amounts hospitals receive would be reduced.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Reduction would reduce 05-06 capitation rates. Effect has not been determined.
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$25,073,681)
General Revenue:	(\$10,273,405)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$14,727,532)
Refugee Assistance Trust Fund:	(\$68,341)
Tobacco Settlement Trust Fund:	\$4,403
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #3B Hospital Outpatient Rate Freeze with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	HOSPITAL OUTPATIENT RATE FREEZE
Brief Description of Proposal:	FREEZE OUTPATIENT HOSPITAL REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM, ASSUMING RESTORATION OF THE 04-05 REDUCTION.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$15,236,618)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Effect on Florida Statute:	None
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. This estimate allows the agency to establish the 6/30/05 rates based upon the Title XIX Reimbursement Plan without any reductions, thus restoring the amounts removed from rates for SFY 04-05. The agency could then change the reimbursement methodology to reduce the regular increase in rates as directed.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Reduction would reduce 05-06 capitation rates.
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$15,236,618)
General Revenue:	(\$6,242,899)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$8,949,555)
Refugee Assistance Trust Fund:	(\$41,491)
Tobacco Settlement Trust Fund:	(\$2,673)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #4A ICF-DD Rate Freeze without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD RATE FREEZE
Brief Description of Proposal:	FREEZE ICF/DD REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM. INCLUDED IN GOVS. RECS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$14,498,538)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If "Yes" please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If "Yes" please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation. NOTE: Agency is currently under litigation regarding the 04-05 rate reduction.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If "Yes", for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If "Yes" for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If "Yes" provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. Although specific policies regarding implementation have not yet been determined, it is assumed that in the average aggregate, providers would receive no additional price level increase over the rate in effect on June 20, 2005.
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$14,498,538)
General Revenue:	(\$5,960,349)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$8,538,189)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #4B ICF-DD Rate Freeze with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD RATE FREEZE
Brief Description of Proposal:	FREEZE ICF/DD REIMBURSEMENT RATES AT THE JUNE 30, 2005 PER-DIEM, ASSUMING RESTORATION OF THE 04-05 REDUCTION.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$4,958,526)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If "Yes" please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If "Yes" please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation. NOTE: Agency is currently under litigation regarding the 04-05 reduction.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If "Yes", for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If "Yes" for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If "Yes" provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC. This estimate allows the agency to establish the 6/30/05 rates based upon the Title XIX Reimbursement Plan without any reductions, thus restoring the amounts removed from rates for SFY 04-05. The agency could then change the reimbursement methodology to reduce the regular increase in rates as directed.
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$4,958,526)
General Revenue:	(\$2,038,450)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$2,920,076)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #5A Prepaid Health Plans Rate Freeze without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	HMO RATE FREEZE
Brief Description of Proposal:	FREEZE HMO RATES AT THE CAPITATION RATE THAT IS IN EFFECT ON JUNE 30, 2005 PER-DIEM. INCLUDED IN GOVS. RECS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$322,975,934)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	NO
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be required prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	Medicaid HMO rates shall be established on a per member per month basis at a level to achieve the reduction amounts specified in Specific Appropriations 225 and 226.
Effect on Florida Statute:	None
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for rates. If approval is not received, the agency will have to raise rates to the minimum amount certified.

Program Analysis:

3/8/2005
Freeze.doc#5

Issue #05A HMO Rate

Medicaid Impact Conference Issues

March 7, 2005

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Subject to actuarial certification.
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$322,975,934)
General Revenue:	(\$132,090,992)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$189,465,318)
Refugee Assistance Trust Fund:	(\$1,320,534)
Tobacco Settlement Trust Fund:	(\$99,090)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #5B Prepaid Health Plans Rate Freeze with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	HMO RATE FREEZE
Brief Description of Proposal:	FREEZE HMO RATES AT THE CAPITATION RATE THAT IS IN EFFECT ON JUNE 30, 2005 PER-DIEM WITHOUT THE 169 PMPM CAP. INCLUDED IN GOVS. RECS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Savings Expected:	(\$162,160,765)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	NO
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be required prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	No
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for rates. If approval is not received, the agency will have to raise rates to the minimum amount certified. Assumes capitation rates paid without the 9% reduction applied to SFY 0405 required to reach the 169 PMPM cap. Does not provide for any increase above the restated 0405 PMPM (appx 185 PMPM).

Program Analysis:

3/8/2005

Freeze.doc#5

Issue #05B HMO Rate

Medicaid Impact Conference Issues

March 7, 2005

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Long Term Care Capitation rates only
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$162,160,765)
General Revenue:	(\$66,320,657)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$95,127,339)
Refugee Assistance Trust Fund:	(\$663,018)
Tobacco Settlement Trust Fund:	(\$49,751)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #6A Hospice Rates (effect from Nursing home rate freeze) without restoration of rates prior to 04/05 legislatively mandated reduction

Proposal Name:	HOSPICE RATES (EFFECT FROM NURSING HOME RATE FREEZE)
Brief Description of Proposal:	A DIRECT RESULT FROM FREEZING NURSING HOME REIMBURSEMENT RATES. MEDICAID HOSPICE ROOM AND BOARD RATES ARE PAID AT A DISCOUNTED PERCENTAGE OF NURSING HOME RATES. THEREFORE, IF NURSING HOME RATES ARE FROZEN, A CORRESPONDING SAVINGS IN HOSPICE WILL OCCUR. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$16,705,161)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	NA
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

(effect from nursing home rate freeze).doc#5

Issue #06A Hospice Rates

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates include current budget issues without restoration for 05/06.
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$16,705,161)
General Revenue:	(\$6,867,492)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$9,837,669)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Rate freeze reduces RB bu 91%

HOSPICE

	Full Program	Room and Board	Other	New R&B	New Projection	Cut
MEDICAID CASELOAD	6,642	6,642	6,642	6,642	6,642	0
MEDICAID UNIT COST	\$3,280.05	\$2,328.83	\$951.22	\$2,119.24	\$3,070.46	(\$209.59)
MEDICAID TOTAL COST	\$261,432,783	\$185,617,066	\$75,815,717	\$168,911,905	\$244,727,622	(\$16,705,161)
TOTAL COST	\$261,432,783	\$185,617,066	\$75,815,717		\$244,727,622	(\$16,705,161)
TOTAL GENERAL REVENUE	\$107,475,017	\$76,307,176	\$31,167,841		\$100,607,525	(\$6,867,492)
TOTAL MEDICAL CARE TRUST FUND	\$153,957,766	\$109,309,890	\$44,647,876		\$144,120,097	(\$9,837,669)
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0		\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0		\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0		\$0	\$0

3/8/2005

(effect from nursing home rate freeze).doc#5

Issue #06A Hospice Rates

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #6B Hospice Rates (effect from Nursing home rate freeze) with restoration of rates prior to 04/05 legislatively mandated reduction

Proposal Name:	HOSPICE RATES (EFFECT FROM NURSING HOME RATE FREEZE)
Brief Description of Proposal:	A DIRECT RESULT FROM FREEZING NURSING HOME REIMBURSEMENT RATES. MEDICAID HOSPICE ROOM AND BOARD RATES ARE PAID AT A DISCOUNTED PERCENTAGE OF NURSING HOME RATES. THEREFORE, IF NURSING HOME RATES ARE FROZEN, A CORRESPONDING SAVINGS IN HOSPICE WILL OCCUR. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$5,568,121)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	NA
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

(effect from nursing home rate freeze).doc#5

Issue #06B Hospice Rates

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates include current budget issues without restoration for 05/06.
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$5,568,121)
General Revenue:	(\$2,289,054)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$3,279,067)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Rate freeze after restoration reduces RB bu 97%

HOSPICE

	Full Program	Room and Board	Other	New R&B	New Projection	Cut
MEDICAID CASELOAD	6,642	6,642	6,642	6,642	6,642	0
MEDICAID UNIT COST	\$3,280.05	\$2,328.83	\$951.22	\$2,258.97	\$3,210.19	(\$69.86)
MEDICAID TOTAL COST	\$261,432,783	\$185,617,066	\$75,815,717	\$180,048,945	\$255,864,662	(\$5,568,121)
TOTAL COST	\$261,432,783	\$185,617,066	\$75,815,717		\$255,864,662	(\$5,568,121)
TOTAL GENERAL REVENUE	\$107,475,017	\$76,307,176	\$31,167,841		\$105,185,963	(\$2,289,054)
TOTAL MEDICAL CARE TRUST FUND	\$153,957,766	\$109,309,890	\$44,647,876		\$150,678,699	(\$3,279,067)
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0		\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0		\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0		\$0	\$0

3/8/2005

(effect from nursing home rate freeze).doc#5

Issue #06B Hospice Rates

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #7.1A Nursing Home Limited Rate Increase of 1% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$212,098,830)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Assumes increase based upon the 6/30/05 rates. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments

3/8/2005

Limited Rate Increase.doc#5

Issue #07.1A Nursing Home

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	LTC managed care rates only.
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$212,098,830)
General Revenue:	(\$87,193,829)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$124,905,001)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #7.1B Nursing Home Limited Rate Increase of 1% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$117,166,529)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Based upon Title XIX reimbursement methodology and what rates would be as of 6/30/05 assuming no 04-05 reduction. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments

3/8/2005

Limited Rate Increase.doc#5

Issue #07.1B Nursing Home

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	LTC managed care rates only.
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$117,166,529)
General Revenue:	(\$48,167,160)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$68,999,369)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #7.2A Nursing Home Limited Rate Increase of 2% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$183,178,097)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Based upon effective rates as of 6/30/05. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments

3/8/2005

Limited Rate Increase.doc#5

Issue #07.2A Nursing Home

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	LTC managed care rates only.
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$183,178,097)
General Revenue:	(\$75,304,515)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$107,873,582)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #7.2B Nursing Home Limited Rate Increase of 2% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$87,305,873)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Based upon Title XIX reimbursement methodology and what rates would be as of 6/30/05 assuming no 04-05 reduction. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments

3/8/2005

Limited Rate Increase.doc#5

Issue #07.2B Nursing Home

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	LTC managed care rates only.
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$87,305,873)
General Revenue:	(\$35,891,444)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$51,414,429)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #7.3A Nursing Home Limited Rate Increase of 3% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$154,257,365)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Estimate based on adopted SSEC. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments

3/8/2005

Limited Rate Increase.doc#5

Issue #07.3A Nursing Home

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$154,257,365)
General Revenue:	(\$63,415,202)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$90,842,163)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #7.3B Nursing Home Limited Rate Increase of 3% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	NURSING HOME LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$57,445,218)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Estimate based on adopted SSEC. The Savings identified for this Issue assumes the NH staff increase to 2.9 hours per day be addressed as another Issue (e.g. if the staffing increase is delayed, that reduction could be added to the amount identified in this Issue). However the staffing issue identified in Issue # 12 is based only on the adopted SSEC projection, reflecting none of the projected rate adjustments

3/8/2005

Limited Rate Increase.doc#5

Issue #07.3B Nursing Home

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$57,445,218)
General Revenue:	(\$23,615,729)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$33,829,489)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #8.1A Inpatient Hospital Limited Rate Increase of 1% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	INPATIENT HOSPITAL LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$136,573,157)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #08.1A Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$136,573,157)
General Revenue:	(\$56,069,158)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$80,349,638)
Refugee Assistance Trust Fund:	(\$154,361)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #8.1B Inpatient Hospital Limited Rate Increase of 1% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	INPATIENT HOSPITAL LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$69,388,876)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #08.1B Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$69,388,876)
General Revenue:	(\$28,487,170)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$40,823,386)
Refugee Assistance Trust Fund:	(\$78,320)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #8.2A Inpatient Hospital Limited Rate Increase of 2% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	INPATIENT HOSPITAL LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$117,567,701)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #08.2A Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$117,567,701)
General Revenue:	(\$48,266,615)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$69,168,236)
Refugee Assistance Trust Fund:	(\$132,850)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #8.2B Inpatient Hospital Limited Rate Increase of 2% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	INPATIENT HOSPITAL LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$49,718,231)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #08.2B Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$49,718,231)
General Revenue:	(\$20,411,540)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$29,250,634)
Refugee Assistance Trust Fund:	(\$56,057)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #8.3A Inpatient Hospital Limited Rate Increase of 3% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	INPATIENT HOSPITAL LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$98,562,248)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #08.3A Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$98,562,248)
General Revenue:	(\$40,464,072)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$57,986,837)
Refugee Assistance Trust Fund:	(\$111,339)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #8.3B Inpatient Hospital Limited Rate Increase of 3% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	INPATIENT HOSPITAL LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$30,047,588)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Inpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling, county ceiling target rate or rate for fixed costs to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #08.3B Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$30,047,588)
General Revenue:	(\$12,335,910)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$17,677,885)
Refugee Assistance Trust Fund:	(\$33,793)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #9.1A Outpatient Hospital Limited Rate Increase of 1% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	OUTPATIENT HOSPITAL LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$20,701,652)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.1A Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$20,701,652)
General Revenue:	(\$8,482,071)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$12,159,540)
Refugee Assistance Trust Fund:	(\$56,407)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #9.1B Outpatient Hospital Limited Rate Increase of 1% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	OUTPATIENT HOSPITAL LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$10,766,218)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.1B Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.1B Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$10,766,218)
General Revenue:	(\$4,411,256)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$6,323,786)
Refugee Assistance Trust Fund:	(\$29,289)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #9.2A Outpatient Hospital Limited Rate Increase of 2% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	OUTPATIENT HOSPITAL LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$16,329,626)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.2A Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$16,329,626)
General Revenue:	(\$6,690,733)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$9,591,554)
Refugee Assistance Trust Fund:	(\$44,474)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #9.2B Outpatient Hospital Limited Rate Increase of 2% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	OUTPATIENT HOSPITAL LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$6,295,820)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.2B Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$6,295,820)
General Revenue:	(\$2,579,616)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$3,698,016)
Refugee Assistance Trust Fund:	(\$17,087)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #9.3A Outpatient Hospital Limited Rate Increase of 3% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	OUTPATIENT HOSPITAL LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$11,957,598)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.3A Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$11,957,589)
General Revenue:	(\$4,899,397)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$7,023,564)
Refugee Assistance Trust Fund:	(\$32,541)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #9.3B Outpatient Hospital Limited Rate Increase of 3% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	OUTPATIENT HOSPITAL LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$1,825,424)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Language Provided In the Governors Recommendations	The agency shall implement changes to the methodology in the Title XIX Outpatient Hospital Reimbursement Plan which may include, but are not limited to, the inflation factor, variable cost target, county rate ceiling or county ceiling target rate to effect this reduction in the reimbursement methodology.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Hospital Limited Rate Increase.doc#5

Issue #09.3B Outpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$1,825,424)
General Revenue:	(\$747,973)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$1,072,251)
Refugee Assistance Trust Fund:	(\$4,885)
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #10.1A ICF/DD Limited Rate Increase of 1% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$12,992,148)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Limited Rate Increase.doc#5

Issue #10.1A ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$12,992,148)
General Revenue:	(\$5,341,072)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$7,651,076)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #10.1B ICF/DD Limited Rate Increase of 1% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$3,380,783)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Limited Rate Increase.doc#5

Issue #10.1B ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$3,380,783)
General Revenue:	(\$1,389,840)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$1,990,943)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #10.2A ICF/DD Limited Rate Increase of 2% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$11,485,759)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Limited Rate Increase.doc#5

Issue #10.2A ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers may need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Limited Rate Increase.doc#5

Issue #10.2A ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$11,485,759)
General Revenue:	(\$4,721,796)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$6,763,963)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #10.2B ICF/DD Limited Rate Increase of 2% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$1,803,040)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Limited Rate Increase.doc#5

Issue #10.2B ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$1,803,040)
General Revenue:	(\$741,230)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$1,061,810)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #10.3A ICF/DD Limited Rate Increase of 3% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected::	(\$9,979,370)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers may need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Limited Rate Increase.doc#5

Issue #10.3A ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$9,979,370)
General Revenue:	(\$4,102,519)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$5,876,851)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #10.3B ICF/DD Limited Rate Increase of 3% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	ICF/DD LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$225,296)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	Chapter 409.908- Reimbursement of Medicaid providers may need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Limited Rate Increase.doc#5

Issue #10.3B ICF-DD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$225,296)
General Revenue:	(\$92,620)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$132,676)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #11.1A Prepaid Health Plan Limited Rate Increase of 1% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	PREPAID HEALTH PLAN LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$306,566,222)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.1A Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for Rates. If approval is not received, the agency will have to raise rates. Based on percentage increase to the 169 PMPM.

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.1A Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$306,566,222)
General Revenue:	(\$125,379,732)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$179,838,993)
Refugee Assistance Trust Fund:	(\$1,253,441)
Tobacco Settlement Trust Fund:	(\$94,056)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #11.1B Prepaid Health Plan Limited Rate Increase of 1% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	PREPAID HEALTH PLAN LIMITED RATE INCREASE OF 1%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$144,142,901)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.1B Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for Rates. If approval is not received, the agency will have to raise rates. Based upon percentage increase assuming the 9% applied in 0405 to reach the 169 PMPM cap is removed, and the increase is applied to the appx 185 PMPM rate.

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.1B Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$144,142,901)
General Revenue:	(\$58,951,694)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$84,557,635)
Refugee Assistance Trust Fund:	(\$589,349)
Tobacco Settlement Trust Fund:	(\$44,223)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #11.2A Prepaid Health Plan Limited Rate Increase of 2% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	PREPAID HEALTH PLAN LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$290,156,511)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.2A Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for Rates. If approval is not received, the agency will have to raise rates. Assumes percentage increase applied to the 169 PMPM cap created in 0405.

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.2A Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$290,156,511)
General Revenue:	(\$118,668,474)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$170,212,669)
Refugee Assistance Trust Fund:	(\$1,186,347)
Tobacco Settlement Trust Fund:	(\$89,021)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #11.2B Prepaid Health Plan Limited Rate Increase of 2% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	PREPAID HEALTH PLAN LIMITED RATE INCREASE OF 2%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$126,125,039)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.2B Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for Rates. If approval is not received, the agency will have to raise rates. Assumes percentage increase applied to 0405 rates without the 9% reduction required to reach the 169 PMPM cap (e.g. the percentage applied to the appx 185 PMPM rate).

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.2B Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$126,125,039)
General Revenue:	(\$51,582,733)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$73,987,930)
Refugee Assistance Trust Fund:	(\$515,681)
Tobacco Settlement Trust Fund:	(\$38,695)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #11.3A Prepaid Health Plan Limited Rate Increase of 3% without restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	PREPAID HEALTH PLAN LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$273,746,800)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.3A Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for Rates. If approval is not received, the agency will have to raise rates. Assumes percentage increase applied to the 169 PMPM rate, which was capped for 0405.

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.3A Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$273,746,800)
General Revenue:	(\$111,957,217)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$160,586,342)
Refugee Assistance Trust Fund:	(\$1,119,254)
Tobacco Settlement Trust Fund:	(\$83,987)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #11.3B Prepaid Health Plan Limited Rate Increase of 3% with restoration of rates prior 04/05 legislatively mandated reduction

Proposal Name:	PREPAID HEALTH PLAN LIMITED RATE INCREASE OF 3%
Brief Description of Proposal:	ALLOW THE RATES TO INCREASE AT A MINIMAL PERCENTAGE. PROVIDE THE ESTIMATED SAVINGS BASED ON A SCALE OF PERCENTAGES I.E. 1%, 2%,3% INCREASE IN THE RATE. THEREFORE, SAVINGS ARE ACCRUED FROM THE PRICE LEVEL INCREASE ESTIMATED IN THE CONFERENCE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$108,107,177)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.3B Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Effective 07/01/2005
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law
Provide additional comments regarding rule:	Specific authority to make policy recurring will be require prior to changing methodology in rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Effect on Florida Statute:	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	The Agency must receive actuarial certification for Rates. If approval is not received, the agency will have to raise rates. Assumes percentage increase applied to 0405 rate without the 9% reduction applied to cap rates at 169 PMPM (e.g. percentage increase applied to the appx 185 PMPM rate).

3/8/2005

Plan Limited Rate Increase.doc#5

Issue #11.3B Prepaid Health

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	Estimates based on adopted SSEC.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$108,107,177)
General Revenue:	(\$44,213,771)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$63,418,227)
Refugee Assistance Trust Fund:	(\$442,012)
Tobacco Settlement Trust Fund:	(\$33,167)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #12 Delay Nursing Home Staffing Increase

Proposal Name:	DELAY NURSING HOME STAFFING INCREASE
Brief Description of Proposal:	CURRENTLY NURSING HOMES ARE REQUIRED TO PROVIDE 2.6 HOURS OF DIRECT PATIENT CARE PER PATIENT PER DAY. THIS REQUIREMENT IS CURRENTLY SET TO INCREASE TO 2.9 HOURS OF DIRECT PATIENT CARE PER PATIENT PER DAY ON JULY 1, 2005. THIS PROPOSAL WILL DELAY THE INCREASE UNTIL JULY 1, 2006. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$67,795,500)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Home Staffing Increase.doc#5

Issue #12 Delay Nursing

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a Statutory change? (Yes or No)	Yes- Chapter 400.23 (3) Rules; evaluation and deficiencies
Will this proposal require a State Plan Amendment? (Yes or No)	No
If "Yes" please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	No
If "Yes" please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If "Yes", for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If "Yes" for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If "Yes" provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	NA
Language Provided In the Governors Recommendations	... as a result of delaying the nursing home staffing increase to 2.9 hours of direct care per resident per day until July 1, 2006
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Delay must be implemented prior to July 1, 2005 to prevent any reimbursement adjustments.

3/8/2005

Home Staffing Increase.doc#5

Issue #12 Delay Nursing

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Long Term Care Capitation rates only
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$67,795,500)
General Revenue:	(\$27,870,730)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$39,924,770)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Medicaid Impact Conference Issues

March 7, 2005

Attach Work Papers:

Funding Source	With Increase	Without Increase	Savings due to Delay
TOTAL COST	\$15,437,388,418	\$15,369,592,918	\$67,795,500
TOTAL GENERAL REVENUE	\$4,600,149,326	\$4,572,278,596	\$27,870,730
TOTAL MEDICAL CARE TRUST EUND	\$8,634,353,804	\$8,594,429,034	\$39,924,770
TOTAL REEUGEE ASSISTANCE TE	\$23,236,022	\$23,236,022	\$0
TOTAL PUBLIC MEDICAL ASSIST TE	\$506,420,000	\$506,420,000	\$0
TOTAL OTHER STATE EUNDS	\$433,274,731	\$433,274,731	\$0
TOTAL GRANTS & DONATIONS TE	\$1,158,173,988	\$1,158,173,988	\$0
TOTAL TOBACCO SETTLEMENT TE	\$81,780,547	\$81,780,547	\$0
		0	

3/8/2005

Home Staffing Increase.doc#5

Issue #12 Delay Nursing

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #13 Set HMO by Two Infant Groups

Proposal Name:	SET HMO BY TWO INFANT GROUPS
Brief Description of Proposal:	AGE GROUPING IS CURRENTLY USED AS PART OF THE METHODOLOGY IN CALCULATING HMO CAPITATION RATES. THIS PROPOSAL WILL DIVIDE THE CURRENT AGE GROUP FOR INFANTS (0-12 MONTHS) INTO TWO SEPARATE GROUPS; AGES 0-3 MONTHS AND 4-12 MONTHS. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(75,000,000)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Infant Groups (christina_edited RK).doc#5

Issue #13 Set HMO by Two

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Upon Governor’s signing of appropriations.
Provide additional comments regarding rule:	Payment Methodology fro participating Medicaid Managed Health Care Plans July 2004, incorporated by reference in 59G-8.100,FAC, includes Identification of Age and Gender Bands. One of the age bands used as a capitation rate variable in the calculation of statewide age and gender factors is Under 1. This age band will have to be amended in the rule to two separate age bands, 0 – 3 months and 4 – 12 months.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 act...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	This proposed change would create rate cells for children ages 0-3 months and children ages 4-12 months. The change would more definitively identify HMO eligibility categories and save an estimated \$75,000,000. For example, using data on which the SFY 2004-05 managed

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Issue #13 Set HMO by Two

Medicaid Impact Conference Issues

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care rates were determined, the average Medicaid cost for a TANF child age 0-3 months is approximately \$600 PMPM, but the average cost for a child age 4-12 months drops to less than \$150 PMPM. Managed care rates for the entire group, now 1-12 months, is approximately \$260 PMPM, reflecting the blending of all ages within that category.

This savings includes savings realized from the rate change to the minority provider networks, the provider service networks, and pediatric emergency room diversion program.

Medicaid Impact Conference Issues

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Program Analysis:

Lead Analyst:	Jack Shi
Secondary Analyst:	
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If “Yes” to the above item provide comment.	<p>Most neonatal intensive care (NICU) charges and Regional Perinatal Intensive Care Centers (RPICC) charges are incurred during a child’s first three months of life. These charges drive up fee-for-service cost, which is the base for HMO rate calculation. Presently, the higher rate is spread across a rate cell encompassing the entire first year of a child’s life, the <1-year rate cell.</p> <p>HMOs are receiving the current high rate for all members under 1 year, even though their 4 – 11 month caseload is significantly more than their newborn caseload.</p> <p>Overall capitation payments for the under 1 population will decrease due to the combination of a smaller enrollment at a higher rate for newborns and a larger enrollment at a lower rate for the 4 – 11 month population. The Agency will save at least \$4 million per year in shared savings with the pilot projects.</p>
Date Completed:	March 3, 2005
Total (Savings) Cost of Proposal:	(75,000,000)
General Revenue:	(30,545,512)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(44,167,500)
Refugee Assistance Trust Fund:	(286,988)
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

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Issue #13 Set HMO by Two

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #14 Medicaid Hospital HMO Hospital Day Ceiling

Proposal Name:	MEDICAID HOSPITAL HMO HOSPITAL DAY CEILING
Brief Description of Proposal:	THIS ISSUE WILL REQUIRE MEDICAID HMO PROVIDERS TO BE RESPONSIBLE FOR 365 DAYS OF HOSPITAL INPATIENT CARE. MEDICAID CURRENTLY REIMBURSES FOR UP TO 45 DAYS OF HOSPITAL INPATIENT CARE PER RECIPIENT. MEDICAID WILL PAY FOR ADDITIONAL DAYS ABOVE THE 45 DAY LIMIT IF THE STAY HAS BEEN DEEMED AN EMERGENCY. CURRENTLY, HMO PROVIDERS ARE ONLY RESPONSIBLE FOR 45 DAYS OF INPATIENT CARE. IF AN HMO RECIPIENT STAYS BEYOND THE 45TH DAY, AND THE STAY IS DEEMED AN EMERGENCY, THE HOSPITAL INPATIENT EXPENSES ARE PAID USING THE FEE FOR SERVICE SYSTEM. THIS PROPOSAL WILL REQUIRE MEDICAID HMOS TO BEAR THE RISK OF ALL HOSPITAL INPATIENT STAYS FOR THEIR RECIPIENTS, THEREBY RESULTING IN A SAVINGS BASED ON PAYMENT THROUGH THE CAPITATION RATE, RATHER THAN THE FEE FOR SERVICE SYSTEM. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	07/01/2005
Total Cost (Savings) Expected:	(\$3,098,293)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

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HMO Hospital Day Ceiling (christina).doc#5

Issue #14 Medicaid Hospital

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect.) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Language Provided In the Governors Recommendations	... as a result of requiring Medicaid HMO's to be financially responsible for up to 365 days of hospital inpatient care.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Based on fiscal year 2005 Appropriations and not including possible increase in FY 06, this will result in a \$3,098,194. savings to the Hospital Inpatient Budget Line Item. CMS must approve rates which must be actuarially sound.

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HMO Hospital Day Ceiling (christina).doc#5

Issue #14 Medicaid Hospital

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	Yes

Medicaid Impact Conference Issues

March 7, 2005

<p>If “Yes” to the above item provide comment.</p>	<p>The Agency will amend the HMO contracts to change the language pertaining to the 45-day inpatient hospital ceiling or cap and compensate the health maintenance organizations for assuming the full risk for their enrolled members. Specifically, the health maintenance organizations would become financially responsible for up to 365 days of inpatient costs for children under 21 as well as accumulated inpatient days associated with an emergency stay for individuals who have exceed the 45 day limit.</p> <p>The capitation rates would be increased by \$35,629,230 and hospital FFS expenditures would be decreased by a comparable amount, \$38, 727,423. The savings come from the approximate eight percent reduction for managed care savings.</p>
<p>Date Completed:</p>	<p>03/04/05</p>
<p>Total (Saving(s)) Cost of Proposal:</p>	<p>(\$3,098,293)</p>
<p>General Revenue:</p>	<p>(\$1,273,357)</p>
<p>Administrative Trust Fund:</p>	<p></p>
<p>Medical Health Care Trust Fund:</p>	<p>(\$1,824,936)</p>

Medicaid Impact Conference Issues

March 7, 2005

Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Estimated Saving based on Governors
Recommendations

Specific Appropriation 190	Specific Appropriation 225 and 226	
Savings	Cost	Remainder
GR (\$15,916,971)	GR \$14,643,614	(\$1,273,357)
MCTF (\$22,810,452)	MCTF \$20,985,516	(\$1,824,936)
<u>TOTAL (\$38,727,423)</u>	<u>TOTAL \$35,629,130</u>	<u>(\$3,098,293)</u>

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #15 Provider Service Network Expansion

Proposal Name:	PROVIDER SERVICE NETWORK EXPANSION
Brief Description of Proposal:	EXPANDS PROVIDER SERVICE NETWORKS INTO ALACHUA, DUVAL, DADE AND BROWARD COUNTIES. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	MAY 01, 2006
Total Cost (Savings) Expected:	(\$807,926)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and comment if it could cause delays.	No
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	No
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes
If "Yes", for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect.) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If "Yes" for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	Will require an amendment to the 1915(b) Managed Care Waiver to obtain approval for expansion areas and prove cost savings. If the PSN payment methodology were changed to a capitated method, this change would need to be included in the waiver amendment. Estimated time frame is 3 to 6 months to obtain federal approval of waiver amendment, which can occur during the competitive procurement process.
Will this proposal require additional staffing? (Yes or No)	Yes
If "Yes" provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	The PSN expansion will require 1 Medical Health Care Program Analyst for \$73,392 annually and 1 RN Consultant for \$79,702 total cost of \$153,094. The Medical Health Care Program Analyst's proposed duties include contract management, report writing, and data analysis. The RN Consultant's proposed duties include contract management, monitoring, report writing, and data analysis.
Could or Should the administration duties be contracted? (Yes or No)	No
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	May 01, 2006 expected saving date. <ul style="list-style-type: none"> ➤ 6 months to complete procurement and execute the contracts. ➤ 4 months to certify the provider networks and complete enrollment ➤ Managed Care waiver will take between 3 to 6 months, which can occur during the competitive procurement process.

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Network Expansion.doc#5

Issue #15 Provider Service

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis/ Health Plan Systems Development
Comment:	To calculate savings for PSN expansion, assume that each new PSN would ultimately enroll 20,000 beneficiaries (no increase in Dade and Broward). The total costs, per the cost effectiveness legislation [s. 409.912(44), F.S.], will be equivalent to the HMO capitation rate in the PSN area. Because of the authorizing PSN language [s. 409.912(4)(d), F.S.] specifies competitive procurement, it will take 6 months to complete procurement and execute the contracts, and an additional 4 months to certify the provider networks and complete enrollment. The required amendment to the 1915(b) Managed Care waiver will take between 3 to 6 months, which can occur during the competitive procurement process.
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	03/04/05
Total (Saving(s)) Cost of Proposal:	(\$807,926)
General Revenue:	(\$336,096)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$471,830)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 7, 2005

	Duval	Alachua	Total	Effect with minus new administrative staffing cost	Total
Caseload	20,000	20,000			
PMPM FFS	\$219.43	\$212.57			
PMPM PDN	\$204.07	\$204.07			
PMPM Reduction	(\$15.36)	(\$8.50)			
Total Reduction	(\$614,400)	(\$340,000)	(\$954,400)	\$146,474	(\$807,926)
GR	(\$252,580)	(\$139,774)	(\$392,354)	\$56,258	(\$336,096)
MCTF	(\$361,820)	(\$200,226)	(\$562,046)	\$90,216	(\$471,830)

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #16 Eliminate Meds AD for Non-Institutionalized Individuals with Medicare

Proposal Name:	ELIMINATE MEDS AD FOR NON-INSTITUTIONALIZED INDIVIDUALS WITH MEDICARE
Brief Description of Proposal:	THIS ISSUE ELIMINATES MEDICAID COVERAGE FOR ALL NON-INSTITUTIONALIZED MEDICARE ELIGIBLE RECIPIENTS (APPROXIMATELY 77,000) IN THE MEDICAID AGED AND DISABLED (MEDS AD) ELIGIBILITY CATEGORY. MEDICARE ELIGIBLE RECIPIENTS CURRENTLY RECEIVE THEIR PRIMARY CARE PHYSICIAN AND HOSPITAL INPATIENT COVERAGE THROUGH MEDICARE PART A AND B. ON JANUARY 1, 2006, THESE INDIVIDUALS WILL ALSO RECEIVE A PRESCRIPTION DRUG BENEFIT THROUGH MEDICARE PART D. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET) MAINTAINS MEDICAID COVERAGE FOR INDIVIDUALS WITHOUT MEDICARE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 1, 2006
Total Cost (Savings) Expected:	(\$169,709,454)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Will need to amend State Plan to eliminate MEDS AD for non-institutionalized individuals with Medicare Coverage. (amend Supplement 1 to Attachment 2.6A page 5)
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Need to amend Rules 65A-1.701, 65A-1.710, and 65A-1.711 to eliminate MEDS AD for non-institutionalized individuals with Medicare Coverage. Start rule amendment process date legislation becomes law.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes, this change will require either a new 1115 waiver or an amendment to current 1115 waiver.
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	Yes may need a new 1115 waiver or amend current 1115 waiver
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	Yes need to amend 1115 waiver or submit new 1115 waiver
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Language Provided In the Governors Recommendations	Eliminate Medicaid eligibility for approximately 77,000 non-institutionalized Medicare eligible recipients in the Medicaid aged and Disabled Program as a result of the Federal implementation of Medicare Part D on January 1, 2006
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Includes adjustments for those entering SLMB/QMB categories, remaining institutional costs, and coordination with Part D.

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for Non-Institutionalized Individuals with Medicare.doc#5

Issue #16 Eliminate Meds AD

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	
Total (Saving(s)) Cost of Proposal:	(\$169,709,454)
General Revenue:	(\$69,767,557)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$99,941,897)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Projection	Cut	Jan-06	QMB Projection	ADD	Jan-06	Net
131,908	83,102	83,102	38,724	83,102	83,102	0
\$647.17	\$439.42		\$342.00	\$99.05		
\$1,024,398,242	\$438,198,323	\$219,099,162	\$158,924,741	\$98,779,415	\$49,389,708	(\$169,709,454)
						(\$99,941,897) MCTF
						(\$69,767,557) GR

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #17 Cost Effective Formulary

Proposal Name:	COST EFFECTIVE FORMULARY
Brief Description of Proposal:	<p>THIS ISSUE WILL ALLOW MEDICAID TO PROVIDE A RESTRICTIVE FORMULARY. THE FORMULARY WILL BE LIMITED TO THE MOST COST EFFECTIVE DRUGS IN EACH THERAPEUTIC CATEGORY. THERE WILL BE NO PRIOR AUTHORIZATIONS FOR DRUGS THAT ARE NOT INCLUDED ON THE FORMULARY.</p> <p>CURRENTLY, ALL STATE MEDICAID PROGRAMS ARE ALLOWED TO PARTICIPATE IN THE FEDERAL DRUG REBATE PROGRAM. THE FEDERAL REBATE PROGRAM REQUIRES PHARMACEUTICAL MANUFACTURERS TO PROVIDE A REBATE ON EVERY DRUG PURCHASED BY A STATE MEDICAID PROGRAM. HOWEVER, AS A CONDITION OF PARTICIPATION IN THIS REBATE PROGRAM, FEDERAL RULES REQUIRE STATES TO MAKE AVAILABLE EVERY FDA APPROVED PRESCRIPTION DRUG TO THEIR MEDICAID RECIPIENTS. THEREFORE, TO IMPLEMENT THIS RESTRICTIVE FORMULARY, FLORIDA MEDICAID, MUST OPT-OUT OF THE FEDERAL REBATE PROGRAM AND NEGOTIATE ITS OWN REBATES WITH MANUFACTURES. SAVINGS ARE ACHIEVED BY ALLOWING ONLY THE MOST COST EFFECTIVE DRUGS IN EACH THERAPEUTIC CLASS ON THE FORMULARY. THE PROGRAM WILL NOW HAVE THE ABILITY TO DENY PRESCRIPTIONS WRITTEN FOR DRUGS THAT ARE NOT INCLUDED ON THE FORMULARY. (INCLUDED IN GOVERNORS FY 2005-06 BUDGET)</p>
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$291,970,803)

Medicaid Impact Conference Issues

March 7, 2005

Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	7/1/05
Provide additional comments regarding rule:	Changes to the Pharmacy Handbook would be required. Will also require statutory change regarding mental health and HIV exemptions.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Adopting a “Generic First” or “PDL First” step therapy and tightening current PDL criteria eliminates the need for a waiver and will reduce opposition form advocates, PHRMA. FMA & FOMA. This option will still require removing mental health and HIV statutory exemptions from 4 Brand and PDL Management.

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Formulary.doc#5

Issue #17 Cost Effective

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Jerry Wells
Secondary Analyst:	Pharmacy Services
Comment:	<p>Estimates are based on the implementation of a cost effective formulary including the following assumptions:</p> <ul style="list-style-type: none"> A: Opting out of the Federal Rebate Program, B: Adopting a Generic First/PDL First Policy (Step Therapy), C: Removal of the Mental Health/HIV drug statutory exemptions from the 4 Brand Limit and PDL Management, D Increased criteria for the PDL List. <p>If this issue is adopted, savings estimated for Impact Conference Issues #19 "PDL/4Brand Limit for Mental Health Drugs", #20 "PDL/4Brand Limit for HIV Drugs", #21 "Step Therapy for Prescribed Drugs" are included in this estimate and could not be implemented for additional savings.</p> <p>In addition, if this issue is adopted, all other pharmacy savings estimated would have to be recalculated as they were estimated based on the current formulary.</p> <p>The estimate provided is an annual estimate with an implementation of October 1, 2005.</p>
Will this initiative impact managed care capitation rates (Yes/No)	Yes, but only if capitation rates effected by policies/programs not in effect as of July 1, 2005 since implementation scheduled for October 1, 2005.
If "Yes" to the above item provide comment.	Change in rates due to pharmacy cost being reduced
Date Completed:	3/4/05
Total (Saving(s)) Cost of Proposal:	(\$291,970,803)
General Revenue:	(\$90,000,000)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$128,978,102)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	(\$72,992,701)
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

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Formulary.doc#5

Issue #17 Cost Effective

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #18 Rx. Caps 8 rx limit of which 5 brand

Proposal Name:	RX. CAPS 8 RX LIMIT OF WHICH 5 BRAND
Brief Description of Proposal:	THIS ISSUE LIMITS THE NUMBER OF PRESCRIPTIONS PER MONTH TO 8 PER INDIVIDUAL, OF WHICH ONLY 5 CAN BE BRAND NAMED DRUGS. THE LIMIT WILL CURRENTLY SERVICE THE ENTIRE MONTHLY PRESCRIPTION NEED OF 90% OF ALL RECIPIENTS. NURSING HOME RECIPIENTS WOULD BE EXEMPT FROM THIS REQUIREMENT.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$198,649,082)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	The Agency must begin the rule process immediately following the policy being signed into law.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Assumes rebates at 25%.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Savings have been adjusted to account for the recipients that will transition into Medicare Part D as of January 2006.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Capitations rates would decrease based upon the effect on FFS expenditures projected.
Date Completed:	3/4/05
Total (Savings) Cost of Proposal:	(\$198,649,082)
General Revenue:	(\$61,233,580)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$87,753,232)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$49,662,270)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #19 pdl/4 Brand limit for Mental Health drugs

Proposal Name:	PDL/4 BRAND LIMIT FOR MENTAL HEALTH DRUGS
Brief Description of Proposal:	APPLY THE CURRENT PREFERRED DRUG LIST/PDL REQUIREMENTS TO THE DRUGS THAT ARE CURRENTLY EXEMPT
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$23,124,660)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

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Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Modification of SPA should not be a problem since it can be done retroactively and CMS objections are not anticipated.
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	As soon as policy is signed into law.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	No
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	Program already contracted for other drugs, therefore this would be an expansion of the current contract.
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Removing PDL restrictions from mental health drugs would allow the state to negotiate for supplemental rebates from the manufactures.

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limit for Mental Health drugs.doc#5

Issue #19 PDLA-4 Brand

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Jerry Wells
Comment:	Due to the Rebate invoicing process, the agency would only receive two quarters of rebates for FY 2005/2006.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Capitations rates would decrease based upon the effect on FFS expenditures projected.
Date Completed:	03/05/05
Total (Saving(s)) Cost of Proposal:	(\$23,124,660)
General Revenue:	(\$9,504,235)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$13,620,425)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	\$3,261,170
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #20 pdl/4 Brand limit for HIV drugs

Proposal Name:	PDL/4 BRAND LIMIT FOR HIV DRUGS
Brief Description of Proposal:	APPLY THE CURRENT PREFERRED DRUG LIST/PDL REQUIREMENTS TO THE DRUGS THAT ARE CURRENTLY EXEMPT
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	N/A
Total Cost (Savings) Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Currently, HIV drugs are exemption from PDL restrictions.
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	As soon as the policy is signed into law.
Provide additional comments regarding rule:	Currently, HIV drugs are exemption from PDL restrictions.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Rebate Agreements will need to be negotiated between the Agency and the Manufacturers.

3/8/2005

limit for HIV drugs.doc#5

Issue #20 PDLA-4 Brand

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Jerry Wells
Comment:	<p>Current therapy requires a minimum of 3-4 prescriptions per month for HIV recipients. The majority of the therapies do not overlap, therefore there is no incentive to compete or negotiate to be listed on the PDL. It would be life threatening to the recipients to deny access to these drugs.</p> <p>Requiring generic substitutes would not generate savings due to the lack of generics available to treat this condition.</p> <p>In addition, many recipients with HIV will move to Medicare Part D beginning January 2006, therefore the state would not longer be payer for the recipients' drug therapy, and could not manage any limitations.</p>
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Capitations rates would decrease based upon the effect on FFS expenditures projected.
Date Completed:	3/4/05
Total (Savings) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #21 Step therapy for prescribed drugs

Proposal Name:	STEP THERAPY FOR PRESCRIBED DRUGS
Brief Description of Proposal:	THIS ISSUE WILL ALLOW THE MEDICAID PROGRAM TO SET SPECIFIC CLINICAL GUIDELINES REGARDING THE APPROPRIATE PRESCRIPTION THERAPY FOR CERTAIN DRUG TYPES. I.E. COX II INHIBITORS
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	7/1/05
Total Cost (Savings) Expected:	(\$23,205,292)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Need Specific Legislative Approval to implement Step-Wise Treatment.
Provide additional comments regarding rule:	Yes
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Step-Wise Therapies could be applied to Five Therapeutic Classes of Meds: COX II's, PPI's, Antihistamines, Long Acting Opiates, and Sedatives/Hypontics.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	N/A
Date Completed:	12/3/2004
Total (Savings) Cost of Proposal:	(\$23,205,292)
General Revenue:	(\$7,153,031)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$10,250,938)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$5,801,323)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #22 Recipient Age Related prior Authorization for Certain Prescribed drugs

Proposal Name:	RECIPIENT AGE RELATED PRIOR AUTHORIZATION FOR CERTAIN PRESCRIBED DRUGS
Brief Description of Proposal:	THIS ISSUE WILL ALLOW THE AGENCY TO SET SPECIFIC RECIPIENT AGE RELATED PRIOR AUTHORIZATION REQUIREMENTS ON CERTAIN DRUGS BASED ON CLINICAL GUIDELINES.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	MARCH 1, 2006
Total Cost (Savings) Expected:	(\$1,237,257)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Related prior Authorization for Certain Prescribed drugs.doc#5

Issue #22 Recipient Age

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	It would be clinically inappropriate to deny all children access to psychotropic medications.

3/8/2005

Related prior Authorization for Certain Prescribed drugs.doc#5

Issue #22 Recipient Age

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Jeff Parrott
Secondary Analyst:	Bruce MccCall
Comment:	Projected implementation March 1, 2006 due to development of protocols.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Only if statute changed to allow for changes to FFS base for policies/programs implemented after July 1, 2005.
Date Completed:	03/04/05
Total (Savings) Cost of Proposal:	(\$1,237,257)
General Revenue:	(\$371,177)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$556,766)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$309,314)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

3/8/2005

Related prior Authorization for Certain Prescribed drugs.doc#5

Issue #22 Recipient Age

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #23 Increase the Clinical Decision Making Authority of the Pharmaceutical and Therapeutics Committee

Proposal Name:	INCREASE THE CLINICAL DECISION MAKING AUTHORITY OF THE PHARMACEUTICAL AND THERAPEUTICS
Brief Description of Proposal:	THIS ISSUE WOULD ALLOW THE P&T COMMITTEE ADDITIONAL AUTHORITY TO RECOMMEND PRIOR AUTHORIZATIONS OR REMOVE PRODUCTS FROM THE PREFERRED DRUG LIST BASED ON CLINICAL REVIEWS AND GUIDELINES.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	N/A
Total Cost (Savings) Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Clinical Decision Making Authority of the Pharmaceutical and Therapeutics Committee.doc#5

Issue #23 Increase the

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	N/A
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	N/A
Provide additional comments regarding rule:	N/A
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 etc...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Florida’s Medicaid Pharmacy and Therapeutics committee already has this authority. Additions and deletions to the PDL are based not only on price, but also on clinical protocols and indications for the use of medications.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Analysis not conducted due to inability to expand P&T authority.
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	
Date Completed:	3/1/05
Total (Saving(s)) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

2000 Legislature

CS for SB 2034, 2nd Engrossed (Pages 107-109)

3/8/2005

Clinical Decision Making Authority of the Pharmaceutical and Therapeutics Committee.doc#5

Issue #23 Increase the

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #24 Return Reuse Prescribe Drugs for Mental Health Residential Treatment Facility

Proposal Name:	RETURN REUSE PRESCRIBE DRUGS FOR MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY
Brief Description of Proposal:	
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	N/A
Total Cost (Savings) Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Prescribe Drugs for Mental Health Residential Treatment Facility.doc#5

Issue #24 Return Reuse

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	July 1, 2005
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Currently there are no facilities known as Mental Health Residential Treatment Facilities. If this issue is adopted Assisted Living Facilities with a Specialty License as a Limited Mental Health Facility could be identified and allowed to return unused Mental Health Drugs for Re-use. System updates would be required.

3/8/2005

Prescribe Drugs for Mental Health Residential Treatment Facility.doc#5

Issue #24 Return Reuse

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Pharmacy Services
Secondary Analyst:	Program Analysis
Comment:	<p>No analysis was conducted due to no Mental Health Residential Treatment Facilities operating as a Medicaid Provider. In addition, there are very few ALF's with the required specialty license, therefore the potential cost of system changes would eliminate possible savings due to return and reuse of Mental Health Drugs.</p> <p>Current experience with nursing homes has not indicated material savings as providers have little incentive to return unused pharmaceuticals.</p>
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	
Date Completed:	3/4/05
Total (Savings) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

3/8/2005

Prescribe Drugs for Mental Health Residential Treatment Facility.doc#5

Issue #24 Return Reuse

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #25 Prior Authorize Synagis

Proposal Name:	PRIOR AUTHORIZE SYNAGIS
Brief Description of Proposal:	PLACE SYNAGIS ON A PRIOR AUTHORIZATION
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	SEPTEMBER 01, 2005
Total Cost (Savings) Expected:	(\$6,916,667)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Ray Aldridge
Secondary Analyst:	Bruce McCall
Comment:	Projected implementation 9/1/05 due to establishment of required protocols.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	But only if policies/programs implemented after July 1, 2005 are allowed to effect FFS base for capitation rates. Statute change required.
Date Completed:	
Total (Savings) Cost of Proposal:	(\$6,916,667)
General Revenue:	(\$2,075,000)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$4,841,667)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #26 Savings of Prescription Drug Claims Processing as a Result of Medicare Part D

Proposal Name:	SAVINGS OF PRESCRIPTION DRUG CLAIMS PROCESSING AS A RESULT OF MEDICARE PART D
Brief Description of Proposal:	MEDICAID WILL NO LONGER PROCESS PRESCRIPTION DRUG CLAIMS FOR MEDICARE DUAL ELIGIBLES BEGINNING JANUARY 1, 2006.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 1, 2006
Total Savings Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Prescription Drug Claims Processing as a Result of Medicare Part D.doc#5

Issue #26 Savings of

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	N/A
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	N/A
Provide additional comments regarding rule:	N/A
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Savings from the reduction in Pharmacy claims due to the implementation of Medicare Part D are already accounted for in the February 25, 2005, Social Services Estimating Conference estimate for FY05/06.

3/8/2005

Prescription Drug Claims Processing as a Result of Medicare Part D.doc#5

Issue #26 Savings of

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Michele Hudson
Comment:	Savings already captured in Base
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	N/A
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #27 Increase Inpatient County Billing Rates

Proposal Name:	INCREASE INPATENT COUNTY BILLING RATES
Brief Description of Proposal:	CURRENTLY COUNTIES ARE REQUIRED TO PAY APPROXIMATELY 35% OF HOSPITAL INPATIENT COSTS FOR DAYS 11-45 OF AN INPATIENT STAY. <u>THIS ISSUE WILL INCREASE THE COUNTY CONTRIBUTION %.</u>
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 07/01/2005	OCTOBER 1, 2005
Total Cost (Savings) Expected:	\$0 to Medicaid, but \$19,073,036 additional revenue to General Revenue Unallocated
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Florida Statue 409.915 (1a), (2) will need to be modified.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>The current policy requires counties to pay approximately 35% of the hospital inpatient cost for days 11-45. This issue increases the percentage from 35% to 41.11% or the entire state share.</p> <p>Assume October 1, 2005 implementation and one month lag before additional revenue are collected.</p> <p>The increase in fund go directly from the counties to General Revenue Unallocated, therefore the agency cannot show saving for this Issue. Policy change would be needed for agency to incur savings.</p>

3/8/2005

County Billing Rates.doc#5

Issue #27 Increase Inpatient

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Glenda Newman
Secondary Analyst:	Tim Graves
Comment:	\$19,073,036 of additional revenue would be collected annually, and deposited into General Revenue Unallocated. No impact on Medicaid is projected, as this revenue does not affect the Medicaid budget under current law.
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	NA
Date Completed:	March 3, 2005
Total (Savings) Cost of Proposal:	0
General Revenue:	0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	0
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #28 Increase Nursing Home County Billing Rates

Proposal Name:	INCREASE NURSING HOME COUNTY BILLING RATES
Brief Description of Proposal:	CURRENTLY COUNTIES MAKE PAYMENTS OF \$55 PER PERSON PER MONTH FOR NURSING HOME COSTS. THIS ISSUE WOULD INCREASE THEIR CONTRIBUTION TO \$202 PER MONTH.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 10/01/2005	OCTOBER 1, 2005
Total Cost (Savings) Expected:	\$0 to Medicaid, but \$58,468,368 additional revenue to General Revenue Unallocated
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Home County Billing Rates0506.doc#5

Issue #28 Increase Nursing

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Yes,
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Florida Statue 409.915 (1a), (2) will need to be modified
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>The increase in funds collected go directly from the counties to General Revenue, therefore the agency cannot show savings for this Issue. Policy change would be needed for agency to incur savings.</p> <p>Assume October 1, 2005 implementation and one month lag before additional revenue are collected.</p> <p>The increase in fund go directly from the counties to General Revenue Unallocated, therefore the agency cannot show saving for this Issue. Policy change would be needed for agency to incur savings.</p>

3/8/2005

Home County Billing Rates0506.doc#5

Issue #28 Increase Nursing

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Glenda Newman
Secondary Analyst:	Program Analysis
Comment:	Additional revenue of \$58,468,368 would be deposited into General Revenue Unallocated, but would have no impact on the Medicaid budget under current law.
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	NA
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	0
General Revenue:	0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	0
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Feb 25, 2005 SSEC	Est. Medicaid expenditures for nursing home care	Average Monthly Medicaid Caseload	\$ Amount per member per year	\$ Amount per member per month
FY 2004-05	\$2,352,951,277	48,161	\$48,855.95	\$4,071.33
FY 2005-06	\$2,807,799,174	49,718	\$56,474.50	\$4,706.21

3/8/2005

Home County Billing Rates0506.doc#5

Issue #28 Increase Nursing

Medicaid Impact Conference Issues

March 7, 2005

Current county contribution per month	\$55.00
Proposed county contribution per month	\$202.00

	FY 2004-05	FY 2005-06
Avg. monthly caseload	48,161	49,718
Additional PMPM (\$202 - \$55)	\$147	\$147
Est. monthly increase from counties	\$7,079,667	\$7,308,546
Est. annual increase from counties	\$84,956,004	\$87,702,552
Less 4 months - see LBR 05-06	\$28,318,668	\$29,234,184
Additional General Revenue	\$56,637,336	\$58,468,368

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #29 Eliminate Medipass Management Fee

Proposal Name:	ELIMINATE MEDIPASS MANAGEMENT FEE
Brief Description of Proposal:	ELIMINATES THE \$3 PAYMENT PAID TO DOCTORS IN THE MEDIPASS PROGRAM. DOCTORS ARE PAID \$3 EACH MONTH FOR EACH RECIPIENT UNDER THEIR CARE. THE PAYMENT IS DESIGNED AS AN INCENTIVE FOR THE DOCTOR TO MANAGED THE RECIPIENTS CARE BETWEEN OTHER SPECIALTY PHYSICIANS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 01, 2006
Total Cost (Savings) Expected:	(\$13,682,844) – escludes PSN Fee and Healthy Start Fee
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Medipass Management Fee.doc#5

Issue #29 Eliminate

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	1915b Waiver
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	Will need to amend the Managed Care Waiver section that references \$3 case Management payment. The modification will be minor – 90 to 120 days
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>Elimination of fee will require cancel and renegotiation of 3,000 provider agreements and detmining policy regarding assignment of beneficiaries to providers who have failed to sign amended agreements.</p> <p>The Cancel/Renagoiate process is estimated at 3 months.</p> <p>Elimination of compensation for case management will be a disincentive for providers.</p> <p>Assumes \$3 fee paid to PSN and Healthy Start providers would be exempt from this change. Details regarding these amounts are included in the attachment.</p>

3/8/2005

Medipass Management Fee.doc#5

Issue #29 Eliminate

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	03/04/05
Total (Savings) Cost of Proposal:	(\$13,682,844)
General Revenue:	(\$5,601,567)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$8,024,235)
Refugee Assistance Trust Fund:	(\$57,042)
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

					Six Month Delay to handle Agreements etc				
	Regular Medipass	PSN Fee	Health Start	Total		Regular Medipass	PSN Fee	Health Start	Total
Persons	760157	18440	54940	833537	Persons	380079	9220	27470	416769
Cost per Service	\$3	\$3	\$3	\$3	Cost per Service	\$3	\$3	\$3	\$3
Total Cost	\$27,365,652	\$663,840	\$1,977,825	\$30,007,317	Total Cost	(\$13,682,844)	(\$331,920)	(\$988,920)	(\$15,003,684)
General Revenue	\$10,727,883	\$272,905	\$813,084	\$11,813,872	General Revenue	(\$5,601,567)	(\$135,957)	(\$406,545)	(\$6,144,069)
MCTF	\$16,521,273	\$390,935	\$1,164,741	\$18,076,949	MCTF	(\$8,024,235)	(\$194,757)	(\$582,375)	(\$8,801,367)
RATF	\$114,084	\$2,412		\$116,496	RATF	(\$57,042)	(\$1,206)	\$0	(\$58,248)

3/8/2005

Medipass Management Fee.doc#5

Issue #29 Eliminate

Medicaid Impact Conference Issues

March 7, 2005

Attachment #1 – Issue #29 Eliminate Medipass Management Fee

The \$3 is a case management fee paid to the primary care Case management service that agrees to:

- Accept MediPass Beneficiaries
- Provide Primary Care Service including outreach and specific service requirements for:
 - Child Health Check-Up Screening outreach requirements
 - Adult Health Screening
 - Healthy Start Services and Immunizations
 - Prenatal Care and Maternity Related Service
- Authorize Referrals to Specialty Care
- Arrange Hospital Admissions and Authorize Outpatient Service
- Maintain Unified Patient Medical Records
- Provide 24-Hour Access to care, referrals or consultation

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #30 Expand Managed Care Enrollment

Proposal Name:	EXPAND MANAGED CARE ENROLLMENT
Brief Description of Proposal:	CURRENTLY MEDICAID IS REQUIRED TO ENROLL 60% OF RECIPIENTS INTO MANAGED CARE PLANS. THIS ISSUE WILL INCREASE ENROLLMENT INTO MANAGED CARE PLANS THEREBY PRODUCING A SAVINGS THROUGH THE CAPITATION REIMBURSEMENT METHODOLOGY. PROVIDE A SCALE OF SAVINGS, I.E. 61%, 62%...UP TO 65%
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 1, 2005
Total Cost (Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	NA
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	NA
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	NO
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Current Budget projection is set at maximum for HMO enrollment through 0506. A change in policy would be needed to force an increase in HMO enrollment, such as mandatory enrollment without the Medipass option. This projection assumes current policy of recipient choice.

3/8/2005

Care Enrollment.doc#5

Issue #30 Expand Managed

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	03/04/05
Total (Saving(s)) Cost of Proposal:	\$0
General Revenue:	\$0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #31 Capitated Long Term Care

Proposal Name:	CAPITATED LONG TERM CARE
Brief Description of Proposal:	FULLY CAPITATE ALL SERVICES FOR INDIVIDUALS IN LONG TERM CARE FACILITIES.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	FY2006/2007
Total Cost (Savings) Expected:	\$200,000
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Term Care.doc#5

Issue #31 Capitated Long

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	Either a 1915 b or 1115 waiver would be required to place nursing home individuals into managed care.
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	Yes
If administration is contracted, estimate \$\$ of contract.	Unknown
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>To fully capitate all services for individuals in Long Term Care Facilities, the agency must obtain a federal waiver (estimated 6 months to develop and 6 months to receive approval from CMS). In addition, the agency will have to complete the procurement process once waiver approval is granted (estimated 6 months to procure and an additional 30 days at minimum to implement).</p> <p>There could be an annualized savings of in 06-07 upon legislative authority in 04-05 of:</p> <ul style="list-style-type: none"> ➤ (\$5,436,238) for Medicaid only ➤ (\$1,518,137) for Dual Eligible

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Term Care.doc#5

Issue #31 Capitated Long

Medicaid Impact Conference Issues

March 7, 2005

Administrative costs of \$200,000 are estimated as the actuarial costs required to develop a long-term care capitation methodology and obtain certified rates.

The following assumptions relate to this projection:

1. No additional savings could be created from nursing home rates, as the agency has insufficient information regarding their adequacy actuarially for a capitation rate.
2. The agency is unable to determine at this time how many individuals would be redirected to a lower level of care, and therefore cannot anticipate any lower capitation rates due to any projected reduction in nursing home utilization. An actuarial study would assist with this information.
3. Savings are assumed to come from non-nursing home services, such as drugs, lab, hospital and physician services. Savings are calculated based upon the average managed care discount factor of 7%.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Program Analysis
Comment:	No savings are estimated due to inability to implement program within FY2005/2006.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	\$200,000
General Revenue:	\$100,000
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$100,000
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #32 Increase Disease Management for Chronically Ill

Proposal Name:	INCREASE DISEASE MANAGEMNT FOR CHRONICALLY ILL
Brief Description of Proposal:	EXPAND CURRENT DISEASE MANAGEMENT PROGRAMS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	ANTICIPATED BETWEEN SEPTEMBER 2005 AND DECEMBER 2005, WHICH IS DEDPENDENT ON FEDERAL APPROVAL.
Total Cost (Savings) Expected:	See Detail Provided In Attachment
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes.
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect.) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	Will require an amendment to the 1915(b) Managed Care Waiver to obtain approval to modify the disease states covered, areas of operation, payment method, and prove cost savings. Estimated time frame is 3 to 6 months to obtain federal approval of waiver amendment.
Will this proposal require additional staffing? (Yes or No)	Yes
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	The expansion of current Disease Management programs will require three OPS positions at a total of \$139,945 (plus \$ 390 – People’s First Statewide contract). The OPS staff consists of two full time OPS Medical Health Care Program Analysts @ \$25.00 an hour and one full time OPS Administrative Assistant @ \$15.00 an hour. The OPS Medical Health Care Program Analysts proposed duties include contract management, report writing, and data analysis. The OPS Administrative Assistant proposed duties include general administrative activities to support the operation of the program.
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Agency needs requested staff to manage and monitor disease management contracts.

3/8/2005

Management for Chronically Ill.doc#5

Issue #32 Increase Disease

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	PROGRAM ANALYSIS
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	3/7/05
Total (Saving(s)) Cost of Proposal:	See Detail Provided In Attachment
General Revenue:	\$7,500,000
Administrative Trust Fund:	(\$164,832)
Medical Health Care Trust Fund:	\$2,542,194
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$5,886,238)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

OPS		\$39,945
000298 General Revenue	50%	\$69,972
339094 Grants and Donations	50%	(\$50,000)
021010 Administrative Trust Fund	50%	\$19,973
CASE MANAGEMENT		\$4,320,789
000298 General Revenue	41.10%	\$7,429,833
339094 Grants and Donations	41.10%	(\$5,651,238)
474001 Medical Care Trust Fund	58.90%	\$2,542,194
EXPENSE		(\$370,000)
339094 Grants and Donations	50%	(\$185,000)
021010 Administrative Trust Fund	50%	(\$185,000)
TRANSFER TO DMS/ HUMAN RESOURCES		\$390
000298 General Revenue	50%	\$195
021010 Administrative Trust Fund	50%	\$195
General Revenue		\$7,500,000
Administrative Trust Fund		(\$164,832)
Grants and Donations		(\$5,886,238)
Medical Care Trust Fund		\$2,542,194

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #33 Reduce HMO Rates By 2%

Proposal Name:	REDUCE HMO RATES BY 2%
Brief Description of Proposal:	REDUCE THE HMO CAPITATION RATE BY 2%. HMO RATES ARE CURRENTLY SET AT APPROXIMATELY 91% OF FEE FOR SERVICE. 2% OF 2005-06
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$39,293,684)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately following appropriations signed into law.
Provide additional comments regarding rule:	Specific Authority to make policy recurring will be required prior to changing rule. Rule is subject to litigation.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Due to variances in discounts by Area, Legislative language should state that the 2% reduction would be applied to the current discount for each Area. Savings will be greater than 2%.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson/Jack Shi
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Reduction to rates
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$39,293,684)
General Revenue:	(\$15,822,380)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$23,309,717)
Refugee Assistance Trust Fund:	(\$150,359)
Tobacco Settlement Trust Fund:	(\$11,228)
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

<u>PREPAID HEALTH PLAN</u>	Current Projection	2% Reduction	Savings due to reduction
CASELOAD	801,979	801,979	
UNIT COST	\$204.07	\$199.99	
TOTAL COST	\$1,963,947,047	\$1,924,653,363	
CASELOAD-MENTAL HEALTH	511,305	511,305	
UNIT COST	\$23.68	\$23.68	
TOTAL COST	\$145,302,310	\$145,302,310	
TOTAL COST	\$2,109,249,357	\$2,069,955,673	\$39,293,684
TOTAL GENERAL REVENUE	\$862,933,458	\$847,111,078	\$15,822,380
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,237,642,079	\$1,214,332,362	\$23,309,717
TOTAL REFUGEE ASSISTANCE TF	\$8,071,116	\$7,920,757	\$150,359
TOTAL TOBACCO SETTLEMENT TF	\$602,704	\$591,476	\$11,228
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

3/8/2005
By 2%.doc#5

Issue #33 Reduce HMO Rates

Medicaid Impact Conference Issues

March 7, 2005

	Current discount point used SFY 0405		Rates per actual rule		Proposed discount point with additional 2% cut	
	TANF,SSI elig1,2	Dual Eligibles elig4,5	TANF,SSI elig1,2	Dual Eligibles elig4,5	TANF,SSI elig1,2	Dual Eligibles elig4,5
District 1&2	99.000%	91.000%	100.000%	92.000%	97.000%	89.000%
District 3	96.000%	91.000%	97.000%	92.000%	94.000%	89.000%
District 4	93.000%	91.000%	94.000%	92.000%	91.000%	89.000%
District 5	92.000%	91.000%	93.000%	92.000%	90.000%	89.000%
District 6	94.000%	91.000%	95.000%	92.000%	92.000%	89.000%
District 7	93.000%	91.000%	94.000%	92.000%	91.000%	89.000%
District 8	92.000%	91.000%	93.000%	92.000%	90.000%	89.000%
District 9	90.975%	91.000%	91.975%	92.000%	88.975%	89.000%
District 10	90.225%	91.000%	91.225%	92.000%	88.225%	89.000%
District 11	90.225%	91.000%	91.225%	92.000%	88.225%	89.000%

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #34 Prevention of Artificial Impoverishment

Proposal Name:	PREVENTION OF ARTIFICIAL IMPOVERISHMENT
Brief Description of Proposal:	INCREASE THE LOOK-BACK PERIOD FOR ASSET TRANSFERS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	N/A
Total Cost (Savings) Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	N/A
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	N/A
Provide additional comments regarding rule:	N/A
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Possibly
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	Some form of federal authority would be required to expand look back period as currently designated within the Social Security Act.
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Would require change to federal law. See attached. DCF may require additional resources for implementation.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	TPL
Comment:	No information available regarding how this requirement would impact eligibility.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

34. Prevention of Artificial Impoverishment

Section 1917(c) of the Social Security Act specifies the conditions under which a state must apply a penalty to an individual who transfers assets for less than fair market value in order to qualify for Medicaid long-term benefits. The look-back period for asset transfers under the federal statute is 36 months for all transfers except transfers to trusts; there is a 60-month look-back period for transfers to trusts. The look-back period is the period the Department of Children and Families must review to determine if a transfer has occurred. The penalty period is computed by dividing the amount of the transfer by the average monthly cost of nursing facility care (\$3300 is the figure currently used by Florida). The penalty period begins with the month in which the transfer occurred, and not

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the month of Medicaid application. During the penalty period, the individual is not eligible for long-term care services, but is eligible for all other Medicaid services including prescription drugs and physician services.

In order to increase the look-back period for asset transfers, a change in federal statute is required or approval of a waiver of the federal statute by the federal government. Increasing the look-back period will also significantly increase the administrative responsibility of DCF and may require additional resources in order to effectively implement the change.

Increasing the look-back period might capture more individuals conducting financial planning for future Medicaid eligibility, however, because the penalty period begins with the month of transfer and not the month of application, the increased look-back period also increases the length of time in which the penalty may be applied prior to the Medicaid application date, potentially zeroing out any penalty impact. For example, if the transfer occurred four years prior to the Medicaid application, but the period of ineligibility is three years, any penalty would end before the individual even applied for Medicaid assistance; the net affect of ineligibility would be zero. Also, in order to impose a penalty period, the department must assume the transfer of asset occurred, in whole or part, to qualify for Medicaid. The client may rebut this presumption. It would be easier for individuals to rebut the presumption that the transfer was to become Medicaid eligible if the transfer occurred several years prior to the application for Medicaid. Increasing the look-back period would also be more burdensome to eligibility staff and clients who will have to request and produce documentation for transactions that occur for all years back to the look-back year. Finally, federal policy requires that the penalty not be applied if imposing a penalty would cause undue hardship, currently defined as when all efforts to reverse the transfer are exhausted and the denial will deprive the individual of food, clothing, shelter or medical care such that his life or health would be endangered. With an increased look-back period, recipients are more likely to claim an undue hardship and thereby avoid a penalty.

There are no data available to accurately predict the number of affected persons and the amount of Medicaid cost savings.

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Assignment of Support Rights (Community Spouse and Spousal Impoverishment)

Legal Citations:

- Section 1924(c)(3) Social Security Act [42 U.S.C. 1396p(r-5)]
- CMS State Medicaid Manual, Section 3261
- Section 65A-1.712(4) Florida Administrative Code

Law: When an individual with a spouse is applying for Medicaid nursing home care, the state (Department of Children and Families (DCF)) must consider the total assets of the applicant and spouse when determining Medicaid eligibility. The spouse may keep assets of \$92,760 and the applicant may have up to \$2,000 (\$5,000 if their income falls below 88% of the federal poverty level). If the couple's assets exceed this sum, the applicant is ineligible for Medicaid until assets are spent down. Federal law states that the assets of the spouse must be counted in eligibility determination unless the spouse refuses to allow those assets to be used for the care of the applicant and the applicant assigns his or her rights of support from the community spouse to the state. If the spouse and applicant so affirm, DCF must approve the applicant's eligibility for Medicaid institutional care.

Issue: The intent of the law was to allow states to approve Medicaid assistance when an applicant's legal spouse actually refused to use his or her assets for the other's care. This would apply, for example, when a couple, although still legally married, is estranged and living separately prior to the admission to a nursing home. This policy has been promoted, however, as a way for couples with substantial assets to have the Medicaid program pay for nursing home care. Federal policy allows assets to be transferred from one spouse to another without penalty. Prior to applying for Medicaid, the ill spouse transfers all assets to the community spouse. The community spouse then signs a declaration refusing use of those assets for the other's care. The applicant signs a statement assigning his or her rights of support to the state. This enables the couple to shelter far more than the federal standard allows for Medicaid eligibility.

Data*: In Florida, during the first 10 years that the federal law was in effect, this assignment of support rights occurred 44 times, with the yearly maximum of 10 signed in 1998 and in 2000. In 2001, 41 such assignments were made. From 2002 to June 2004, 157 assignments were made. (Twelve of these 157 spouses declared assets in excess of a million dollars.) Individuals approved solely due to this exception policy would otherwise be ineligible for Medicaid until they spent down their assets within the federal standards. DCF did an analysis in 2004 identifying individuals who were Medicaid eligible due to the assignment of support and determined that Medicaid paid the following on their behalf: \$603,000 in 2001, \$1.5 million in 2002, and \$2.9 million in 2003.

(*Data furnished by the Department of Children and Families.)

Perspective: Based on the figures above, the fiscal impact of those enrolled in the Medicaid program because of the assignment of support rights is approximately 0.02% of the \$14 billion annual state Medicaid budget. A couple that has substantial assets (sometimes, literally millionaires) to pay for their own medical care can according to federal law reserve those assets and defer the financial burden to the taxpayers. Currently, the "issues" described above are legal under federal eligibility laws. Neither federal or state law appear to have any provision to force the community spouse to take that responsibility or to reimburse the Medicaid program either during Medicaid eligibility or after eligibility has been terminated.

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Artificial Impoverishment.doc#5

Issue #34 Prevention of

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Proposal: Issue #35 Increase Nursing Home Diversion Waiver

Proposal Name:	INCREASE NURSING HOME DIVERSION WAIVER
Brief Description of Proposal:	INCREASE THE CAPACITY OF THE NURSING HOME DIVERSION PROGRAM. 1,000 ADDITIONAL SLOTS
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$0.00)-(\$6,714,613)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

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Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	NA
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	NA
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	Expansion of 1915 b for NH Diversion.
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

3/8/2005

Home Diversion Waiver.doc#5

Issue #35 Increase Nursing

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Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	Program Analysis
Comment:	>Estimated savings assume a two month ramp-up at a ratio of 2:1 diversions for one empty nursing home bed.
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	
Total (Savings) Cost of Proposal:	(\$0.00) - (\$6,714,613)
General Revenue:	(\$0.00) - (\$2,760,378)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$0.00) - (\$3,954,236)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

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Total Estimated Savings for Issue #35 Increase Nursing Home Diversion Waiver

	MCTF	GR	TOTAL
Increase NH Diversion Category			22,567,676
GR		9,277,572	
Trust	13,290,105		
Decrease Nursing Home Category			(25,750,025)
GR		(10,585,835)	
Trust	(15,164,190)		
Decrease Pharmacy, Lab			(3,532,265)
GR		(1,452,114)	
Trust	(2,080,151)		
TOTAL	<u>(3,954,236)</u>	<u>(2,760,378)</u>	<u>(6,714,613)</u>

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Diversion Cost	Nursing Home Savings (2/1)	Rx, Lab Savings (2/1)	TOTAL
\$820,643	(\$936,365)	(\$128,446)	(\$244,168)
\$1,230,964	(\$1,404,547)	(\$192,669)	(\$366,252)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$2,051,607	(\$2,340,911)	(\$321,115)	(\$610,419)
\$22,567,676	(\$25,750,025)	(\$3,532,265)	(\$6,714,613)

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Proposal: Issue #36 Eliminate Hospice Funding

Proposal Name:	ELIMINATE HOSPICE FUNDING
Brief Description of Proposal:	ELIMINATES HOSPICE SERVICES IN MEDICAID. HOSPICE IS AN OPTIONAL SERVICE. 25% OF 2005-06 HOSPICE IN OCT. 2004 SSEC
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	07/01/2005
Total Cost (Savings) Expected:	(\$63,377,832)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

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Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	An Amendment would be required to eliminate Hospice Services
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately upon policy being signed into law.
Provide additional comments regarding rule:	The rule could take longer if challenged.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	N/A
If administration is contracted, estimate \$\$ of contract.	N/A
Will this proposal require a state statute or modification to an existing state statute? (Yes or No)	Yes. 409.906 (14) Optional Medicaid Services- Hospice Care Service
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>The elimination of Hospice benefits may impact the utilization of other Medicaid services, such as;</p> <ul style="list-style-type: none"> - \$198,054,951 General Revenue increase to Nursing Homes for FY05-06 representing 80% of Hospice population - other 20% would fall into Home Community Based Service, Hospital IP , etc... <p>The state is obligated to give 30 days notice to terminate provider contracts.</p>

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Hospice Funding2.doc#5

Hospice, Issue #36 Eliminate

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	The average cost to recipients in nursing homes would increase approximately 5%, as current policy pays for hospice recipients within nursing homes as 95% of the county average.
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis /Medicaid Services
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	Managed care entities typically do not cover hospice services.
Date Completed:	3/2/05
Total (Saving(s)) Cost of Proposal:	(\$63,377,832)
General Revenue:	(\$26,054,627)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$37,323,205)
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

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HOSPICE

	Full Program	Remainder to NH	Annual Savings	Saving from August 1date	Savings with October 1 date
MEDICAID CASELOAD	6,642	5,312			
MEDICAID UNIT COST	\$3,280.05	\$3,107.04			
MEDICAID TOTAL COST	\$261,432,783	\$198,054,951			
TOTAL COST	\$261,432,783	\$198,054,951	\$63,377,832	\$58,096,346	\$47,533,374
TOTAL GENERAL REVENUE	\$107,475,017	\$81,420,390	\$26,054,627	\$23,883,408	\$19,540,970
TOTAL MEDICAL CARE TRUST FUND	\$153,957,766	\$116,634,561	\$37,323,205	\$34,212,938	\$27,992,404
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0	\$0	\$0

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Proposal: Issue #37 Risk Adjust HMO Rates for Health Status

Proposal Name:	RISK ADJUST HMO RATES FOR HEALTH STATUS
Brief Description of Proposal:	INCLUDE HEALTH STATUS DATA INTO THE HMO CAPITATION RATE METHODOLOGY.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2007
Total Cost (Savings) Expected:	0
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

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Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	When new methodology is implemented.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	Possibly, depending upon how much work would be required using the new methodology.
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	Unknown at this time.
Could or Should the administration duties be contracted? (Yes or No)	Unknown at this time.
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

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Rates for Health Status.doc#5

Issue #37 Risk Adjust HMO

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	
Comment:	<p>Currently, the only information available for risk adjusting capitation rates is the agency's hospital discharge data. Per discussions with the actuaries that certify our current rates, such information could be used to risk adjust the capitation rates. However, the development of how the data is to be used, development of the risk adjusted methodology, and correlation with the agency's current data would take at least 12 months. Risk adjusting rates beginning July 1, 2005 is not feasible.</p> <p>The agency continues to pursue an encounter data system, which is integral to appropriate risk adjusting. Without such a system and reliable data, attempting to risk adjust capitation rates will be more problematic.</p> <p>Although the agency may be able to use hospital discharge data, as it would probably use a standard risk adjuster in the rate development, the agency would have to justify to CMS and the provider community how use of this data alone is sufficient for the risk adjustment. Risk adjusting methodologies are designed to use full encounter data, not simply hospital data. Using a standard adjuster in a way it was not designed to be used would require the agency to justify its actions with CMS. The agency believes it could surpass these hurdles, but acknowledges it would take a minimum of 12 months for development.</p> <p>Furthermore, hospital discharge data may not be sufficiently designed for the Medicaid population. Review and analysis would need to be completed to determine if the acuity information reported justifies an adjustment in the capitation rate setting process.</p> <p>As the actual health status of managed care enrollees is unknown at this time, it is unknown if the risk adjusting will increase or decrease the rates. Data reliability would be critical for justification of use of hospital discharge data.</p>
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	See above.

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Date Completed:	March 3, 2005
Total (Savings) Cost of Proposal:	0
General Revenue:	0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	0
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

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Proposal: Issue #38 Eliminate Medically Needy Prescription Only Program

Proposal Name:	ELIMINATE MEDICALLY NEEDED PRESCRIPTION ONLY PROGRAM
Brief Description of Proposal:	ELIMINATES THE MEDICALLY NEEDED PROGRAM. (THE RX ONLY PROGRAM AS OF JULY 1, 2005)
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$276,887,572)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

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Medically Needy Prescription Only Program.doc#5

Issue #38 Eliminate

Medicaid Impact Conference Issues

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Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Immediately upon policy signed into law.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	System Changes would be required for AHCA and DCF to eliminate the category. Assumes services to pregnant women will continue in some form, therefore their expenditure reduction NOT included in this savings

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Medically Needy Prescription Only Program.doc#5

Issue #38 Eliminate

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	(\$276,887,572)
General Revenue:	(\$92,945,748)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$113,865,785)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

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FUNDING SOURCE	Cost of Medically Needy Rx Only for FY 05/06 (SSEC), assuming pregnant women restored
TOTAL COST	\$276,887,572
TOTAL GENERAL REVENUE	\$92,945,748
TOTAL MEDICAL CARE TRUST FUND	\$113,865,785
TOTAL REFUGEE ASSISTANCE TF	\$0
TOTAL PUBLIC MEDICAL ASSIST TF	\$0
TOTAL OTHER STATE FUNDS	\$0
TOTAL GRANTS & DONATIONS TF	\$70,076,039
TOTAL TOBACCO SETTLEMENT TF	\$0
	\$0

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Medically Needy Prescription Only Program.doc#5

Issue #38 Eliminate

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Proposal: Issue #39 Healthy Kids Dental

Proposal Name:	HEALTHY KIDS DENTAL
Brief Description of Proposal:	ELIMINATES DENTAL COVERAGE FOR TITLE XXI ELIGIBLE CHILDREN.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$48,813,234)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

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Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If "Yes" please provide a brief description and comment if it could cause delays.	Approval of a Kid Care State Plan Amendment can take up to 90 days. Approval expected to have a retroactive effective date to 7/1/05.
Will this proposal require an administrative rule? (Yes or No)	No
If "Yes" please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	NA
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If "Yes", for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If "Yes" for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If "Yes" provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

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Program Analysis:

Lead Analyst:	Glenda Newman
Secondary Analyst:	Greg Bracko
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	NA
Date Completed:	3-1-2005
Total (Saving(s)) Cost of Proposal:	(\$48,813,234)
General Revenue:	(\$15,435,664)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$33,377,570)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

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Proposal: Issue #40 Eliminate eligibility for children older than 18

Proposal Name:	ELIMINATE ELIGIBILITY FOR CHILDREN OLDER THAN 18
Brief Description of Proposal:	THIS WOULD ELIMINATE ELIGIBILITY FOR ALL RECIPIENTS OLDER THAN 18 THAT ARE IN THE CHILDREN CATEGORY.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	07/01/2005
Total Cost (Savings) Expected:	(\$9,299,405)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

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Administrator Questions:

Will this proposal require a Florida Statute Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Sections 409.903 and 409.904, Florida Statutes, would require revision
Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	65A-1.703, 65A-1.705, and 65A-1.707 and the Medicaid State Plan
Provide additional comments regarding rule:	NA
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	NA
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Children ages 19 and 20 who would be AFDC eligible except for the children in independent living arrangements under the Road to Independence Act who are optional coverage groups. The income level for these children is below the TANF limit, which is approximately 23 percent of the federal poverty level.

3/8/2005

eligibility for children older than 18.doc#5

Issue #40 Eliminate

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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	NA
Date Completed:	3/03/05
Total (Savings) Cost of Proposal:	(\$9,299,405)
General Revenue:	(\$3,822,985)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$5,476,420)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Cost of 18 to 20 year olds

18 year old kids will transfer to SOBRA kids

TANF	Caseload	\$5,321	Medically Needy	Caseload	\$401
	PMPM	\$146		PMPM	\$888
	Total Cost	\$9,299,405		Total Cost	\$4,271,131
	GR	\$3,822,985		GR	\$1,755,862
	MCTF	\$5,476,420		MCTF	\$2,515,269

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eligibility for children older than 18.doc#5

Issue #40 Eliminate

Medicaid Impact Conference Issues

March 7, 2005

40. Eliminate eligibility for children older than 18

Children ages 19 and 20 who would be AFDC eligible except for children in independent living arrangements under the Road to Independence Act who are optional coverage groups. The income level for these children is below the TANF limit, which is approximately 23 percent of the federal poverty level.

Sections 409.903 and 409.904, Florida Statutes, would require revision in addition to administrative rules 65A-1.703, 65A-1.705, and 65A-1.707 and the Medicaid State Plan. Significant programming to the FLORIDA system would also be required.

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #41 Medically Needy Premiums for all Medically Needy recipients up to the federal maximum

Proposal Name:	MEDICALLY NEEDED PREMIUMS FOR ALL MEDICALLY NEEDED RECIPIENTS UP TO THE FEDERAL MAXIMUM
Brief Description of Proposal:	FEDERAL REGULATIONS ALLOW STATES TO CHARGE MEDICALLY NEEDED RECIPIENTS A PREMIUM. PREMIUMS ARE DETERMINED BY FAMILY INCOME AND SIZE. THEY RANGE FROM \$1 PER MONTH TO \$19 PER MONTH. SEE 42 CFR 447.52.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2006
Total Cost (Savings) Expected	0
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Premiums for all Medically Needy recipients up to the federal maximum.doc#5

Issue #41 Medically Needy

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	TBD
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Administrative rules 65A-1.702, 65A-1.703, 65A-1.704, 65A-1.707, 65A-1.710, 65A-1.711, and 65A-1.713 will also require revision.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	NO
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	NA
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	
Effect on Florida Statute:	Chapter 409.904- Reimbursement of Medicaid providers would need to be amended.
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	It will take one year from to determine organization and management of the Policy and who would be responsible to collect the Premiums. Please reference the attachment. Premiums would be deducted from the recipient’s share of cost, which may partially offset the impact of the premiums. This relationship is unknown, therefore the additional funds anticipated to be collected in 06-07 reflect only anticipated premium collections without any offsets due to increased expenditures due to a lower share of cost. The

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Premiums for all Medically Needy recipients up to the federal maximum.doc#5

Issue #41 Medically Needy

Medicaid Impact Conference Issues

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	<p>impact of the reduced share of cost is complicated by the issues surrounding split billing for this program.</p> <p>Annualized premium collections are projected at \$4,568,084, of which \$2,690,145 would be returned to CMS and the state would retain \$1,877,939.</p>
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Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	Program Analysis
Comment:	No Savings in 04-05 due to administration of policy change
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	Medically Needy are not covered by managed care.
Date Completed:	
Total (Savings) Cost of Proposal:	0
General Revenue:	0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	0
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

3/8/2005

Premiums for all Medically Needy recipients up to the federal maximum.doc#5

Issue #41 Medically Needy

Medicaid Impact Conference Issues

March 7, 2005

Medically Needy Premium collection

FY0607

Caseload	42,915
Ave Premium	\$8.87
Total Annual Collection	\$4,568,084

Return to FEDS???	\$2,690,145
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State	\$1,877,939
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See Attached Worksheet 1

3/8/2005

Premiums for all Medically Needy recipients up to the federal maximum.doc#5

Issue #41 Medically Needy

Medicaid Impact Conference Issues

March 7, 2005

41. Medically Needy Premiums for all Medically Needy recipients up to the federal maximum

Individuals enrolled in Medically Needy must incur a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a "share of cost" (like a deductible) and the amount varies depending on the family's size and income. Once an individual incurs medical bills equal to the share of cost, the members of the assistance group become eligible for Medicaid from that date to the end of that month. The share of cost must be met each month to be eligible for the month.

Federal regulations allow states to charge a monthly premium to Medically Needy individuals based upon total gross family income (42 CFR 447.51). The regulations also stipulate the minimum and maximum charges to be imposed on each family (not individual) based upon total gross family income (42 CFR 447.52). This range is between \$1 and \$19 depending upon gross family income and family size; states must impose an appropriately higher charge for each higher level of family income.

Section 409.904, Florida Statutes, would require revision to implement this provision as well as a state plan amendment. The state plan amendment must indicate the amount recipients will be charged, the period of liability for the charge and the consequences for an individual who does not pay. Administrative rules 65A-1.702, 65A-1.703, 65A-1.704, 65A-1.707, 65A-1.710, 65A-1.711, and 65A-1.713 will also require revision.

The Department of Children and Families determines eligibility for the Medicaid program. Their computer system, FLORIDA, contains family income data. The FLORIDA system would require modifications to calculate a premium amount for eligible Medically Needy recipients that meet their share of cost amount. An administrative infrastructure would also need to be established in order to charge and collect the premium amounts from individuals. Costs associated for system modifications and for establishing this administrative function are unknown. Additionally, at the moment it is unclear what consequences a state may impose on individuals who do not pay their premium; the Centers for Medicare and Medicaid Services is currently researching this issue.

It is important to note that while states may charge a premium for Medically Needy recipients, federal regulations require that the premium amount be allowed as a deduction to be applied to the recipient's spenddown liability. Deductions applied to a recipient's spenddown liability need only be incurred and not paid.

3/8/2005

Premiums for all Medically Needy recipients up to the federal maximum.doc#5

Issue #41 Medically Needy

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #42 Change Medically Needy determination to six months instead of every month

Proposal Name:	CHANGE MEDICALLY NEEDED DETERMINATION TO SIX MONTHS INSTEAD OF EVERY MONTH
Brief Description of Proposal:	FEDERAL REGULATIONS ALLOW STATES TO DETERMINE ELIGIBILITY BASE ON ONE TO SIX MONTHS OF MEDICAL BILLS. BY EXTENDING TO SIX MONTHS, THE CARE COULD BE MANAGED.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	
Total Cost (Savings) Expected	\$0 - \$160,805,492
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

Needy determination to six months instead of every month.doc#5

Issue #42 Change Medically

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	65A-1.707 and 65A-1.713 would need revision
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	NA
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>With the increased share of cost amount due to a six-month budget period, it is doubtful that providers will be willing to render services to Medically Needy enrolled recipients for fear of uncompensated care. For January 2005, the average monthly share of cost amount for elderly/disabled individuals was \$798.03; for family-related Medically Needy individuals the monthly average share of cost amount was \$276.37.</p> <p>The assumptions for this estimate assume recipients with less than \$500 of monthly expenditures will be eliminated from the program, and those with more than \$500 will receive additional months of benefit under the 6 month benefit period, and will incur costs at the SSI average PMPM.</p>

3/8/2005

Needy determination to six months instead of every month.doc#5

Issue #42 Change Medically

Medicaid Impact Conference Issues

March 7, 2005

It is unlikely that these recipients would be subject to managed care, as months will be required before they are enrolled in the program. Enrolling a Medically Needy recipient for 3 months, for example, will probably have minimal effect on expenditures, and is operationally problematic.

Medicaid reduced the budget period from 6 months to 1 month in the late 1980's in order to reduce Medicaid expenditures.

Analyzing the effects of split billing, qualification due to drug expenditures versus hospital expenditures, and the longer benefit period would require extensive modeling.

Concern exists that more individuals will go for hospital services if they are unable to receive monthly drug assistance, thereby qualifying them for Medically Needy faster due to a large hospital bill.

3/8/2005

Needy determination to six months instead of every month.doc#5

Issue #42 Change Medically

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	PROGRAM ANALYSIS
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	
Total (Savings) Cost of Proposal:	\$160,805,492
General Revenue:	\$66,107,138
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$94,698,354
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Cost to Implement six month eligibility standard

Added Cost	\$189,837,515
Avoided Cost	\$29,032,023
Net Increase	\$160,805,492
General Revenue	\$66,107,138
MCTF	\$94,698,354

3/8/2005

Needy determination to six months instead of every month.doc#5

Issue #42 Change Medically

Medicaid Impact Conference Issues

March 7, 2005

42. Change Medically Needy determination to six months instead of every month

Currently, individuals enrolled in Medically Needy must incur a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a "share of cost" (like a deductible) and the amount varies depending on the family's size and income. Once an individual incurs medical bills equal to the share of cost, the members of the assistance group become eligible for Medicaid from that date to the end of that month. The share of cost must be met each month to be eligible for the month.

Federal regulations allow states to choose a one-month to six-month budget period for calculating recipients' share of cost amounts and determining Medically Needy eligibility. Because Florida currently uses a one-month budget period, if a six-month budget period is utilized, recipients will have a share of cost amount six times their current spenddown liability. For example, if the recipient's monthly share of cost is currently \$1000, their share of cost will become \$6000 under a six-month budget period.

Once the share of cost amount is met, the individual would be Medicaid eligible from that date through the remainder of the six-month budget period; six-month budget periods do not guarantee six months Medicaid coverage. Medical bills within the established budget period must be incurred and may be paid or unpaid. Medical bills outside the budget period must be unpaid. For example, an individual whose budget period was January through June could use medical expenses incurred prior to January to meet their share of cost earlier in the budget period as long as those expenses were still unpaid.

With the increased share of cost amount due to a six-month budget period, it is doubtful that providers will be willing to render services to Medically Needy enrolled recipients for fear of uncompensated care. For January 2005, the average monthly share of cost amount for elderly/disabled individuals was \$798.03; for family-related Medically Needy individuals the monthly average share of cost amount was \$276.37.

Extensive FLORIDA system modifications would be required for this provision. A state plan amendment is also required. In addition, administrative rules 65A-1.707 and 65A-1.713 would require revision.

3/8/2005

Needy determination to six months instead of every month.doc#5

Issue #42 Change Medically

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #43 Medically Needy as the only optional group

Proposal Name:	MEDICALLY NEEDED AS THE ONLY OPTIONAL GROUP
Brief Description of Proposal:	THIS WOULD ELIMINATE ALL OTHER OPTIONAL ELIGIBILITY GROUPS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected	0 without additional information
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Sections 409.903 and 409.904, Florida Statutes would require revision in addition to the Medicaid State Plan, and administrative rules 65A-1.701 through 65A-1.714. Significant FLORIDA system changes as well as significant changes to the Florida Medicaid Management Information System would also be required.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	
Comment:	<p>Due to the complexities and variations between the various eligibility groups, significant modeling is required to project the impact of this proposal. The following issues need to be addressed before valid assumptions can be determined:</p> <ol style="list-style-type: none"> 1. Would all the Optional Categories be eliminated? Specifically, the Breast and Cervical Cancer Waiver and Family Planning Waiver? 2. Medically Needy would have to be expanded to include institutional care (hospice and nursing home), and clarification is required as to whether CMS will approve such an expansion. 3. Many of those within the optional groups would automatically qualify for Medicaid, as the spend down requirements are designed to reduce their income (net of medical bills) to the required level. Many would already be at that level without any medical expenditures. 4. Eliminating presumptive eligibility for pregnant women could increase expenditures if some women avoided care. 5. Those meeting the ICP standard for institutional care already have patient responsibility, therefore already meet the monthly equivalent of spend down requirements. Income trusts help many such individuals qualify, and clarification is required how these trusts would interplay with a revised Medically Needy program.
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	March 5, 2005
Total (Savings) Cost of Proposal:	TBD
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	

Medicaid Impact Conference Issues

March 7, 2005

Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

43. Medically Needy as the only optional group

Currently, Florida Medicaid covers the following optional eligibility groups:

- Medically Needy
- MEDS – Aged and Disabled up to 88% FPL
- SOBRA Pregnant Women 150%-185% FPL
- Infants up to age one 185%-200% FPL
- Children age 19 thru 20 up to the TANF income level
- Non Title IV-E adoption and foster care children
- Continuous coverage for children (children under age 5 eligible for twelve months coverage from their last complete review; children ages 6 through 18 eligible for at least six months)
- Hospice, Not Otherwise Medicaid Eligible
- Institutional Care, Not Otherwise Medicaid Eligible
- Presumptive Eligibility for Pregnant Women
- Family Planning recipients

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #44 Eliminate Meds AD

Proposal Name:	ELIMINATE MEDS AD
Brief Description of Proposal:	GOES BEYOND THE GOVERNOR'S BUDGET TO ELIMINATE THE ENTIRE GROUP.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$608,520,698)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	Will need to amend State Plan to eliminate MEDS AD (Supplement 1 to Attachment 2.6A page 5)
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Need to amend Rules 65A-1.701, 65A-1.710, and 65A-1.711 to eliminate MEDS AD. Start rule amendment process date legislation becomes law.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Assume July 1, Implementation date. Assumes some will qualify under ICP standards for nursing home institutional care, therefore full amount of categorical savings cannot be achieved.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis
Comment:	No data on start date. Used 07/01/05
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	
Total (Savings) Cost of Proposal:	(\$608,520,698)
General Revenue:	(\$250,162,859)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$358,357,839)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Projected	Cut	Remainder	QMB Projection	From MEDS AD ADD	NET
131,908	104,145	27,763	38,724	83,102	(21,043)
\$647.17	\$565.96	\$951.80	\$342.00	\$99.05	
\$1,024,398,242	\$707,300,113	\$317,098,129	\$158,924,741	\$98,779,415	(\$608,520,698)
					(\$358,357,839) MCTF
					(\$250,162,859) GR

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #45 Eliminate State Share for NICA clients

Proposal Name:	ELIMINATES STATE SHARE FOR NICA CLIENTS
Brief Description of Proposal:	NICA IS A NO-FAULT, SELF-INSURANCE POOL FOR PHYSICIANS AND HOSPITALS, WHERE CHILDREN ARE INJURED AT BIRTH. HOWEVER, MEDICAID IS PAYING THE TOTAL COST OF HEALTH SERVICES FOR SOME NICA CHILDREN. FEDERAL REGULATION REQUIRES MEDICAID TO BE PAYER OF LAST RESORT. INSTEAD OF REQUIRING NICA TO PAY THE FULL COST, THE CHILDREN WILL BE MOVED TO CMS AND NICA FUNDS WILL PROVIDE THE STATE MATCH TO DRAW MEDICAID FUNDS. TO KEEP THE NICA FUND SOUND, IT WILL REQUIRE ELIMINATING THE EXEMPTION FROM CERTAIN HOSPITALS THAT ARE CURRENTLY NOT PAYING THEIR ASSESSMENT. THESE EXEMPT HOSPITALS HAVE THE MAJORITY OF THE NICA CLIENTS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	07/01/2005
Total Cost (Savings) Expected:	(\$2,061,739)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	NA
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	There is no policy unique to NICA. Provider services are paid without consideration whether the baby is in a NICA or other group.

3/8/2005

Share for NICA clients.doc#5

Issue #45 Eliminate State

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	Program Analysis/ Medicaid Services
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	NA
Date Completed:	03/03/05
Total (Savings) Cost of Proposal:	(\$2,061,739)
General Revenue:	(\$847,581)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$1,214,158)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

42 NICA kids

FY0506

Total Reduction \$2,061,739

General Revenue \$847,581

MCTF \$1,214,158

3/8/2005

Share for NICA clients.doc#5

Issue #45 Eliminate State

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #46 Repeal paragraph 2 of 409.9124

Proposal Name:	REPEAL PARAGRAPH 2 OF 409.9124
Brief Description of Proposal:	LEGISLATION THAT PASSED LAST SESSION THAT COULD DRAMATICALLY IMPACT RATES
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(65,000,000)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	As soon as bill signed by Governor.
Provide additional comments regarding rule:	Legislative direction clarifying that changes to the rule shall be permanent (e.g. not for one year only) must be clear. Otherwise, agency will be exposed to greater legal challenges regarding the single year authority of the GAA alone.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	0
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	409.9124 (2) Final rates shall be published annually prior to September 1 of each year, based on methodology that: (a) <u>Uses Medicaid’s expenditures for its Medipass enrollees when such comparable group exists, otherwise fee-for-service expenditures.</u> (b) Is certified as an actuarially sound computation of Medicaid fee-for-service expenditures for comparable groups of Medicaid recipients and includes all fee-for-service expenditures attributable to recipients who are enrolled for a portion of a year in a managed care plan or waiver

Medicaid Impact Conference Issues

March 7, 2005

program. (c) Is compliant with applicable federal laws and regulations, including, but not limited to, the requirements to include an allowance for administrative expenses and to account for all fee-for-service expenditures, including fee-for-service expenditures for those groups enrolled for part of a year.

Dual eligible capitation rates would continue to be based upon FFS expenditures.

Also recommended that proviso not be repeated indicating, "...the agency shall calculate rates to the maximum extent possible, applying only those policy reductions to the rates that can be accurately estimated and that have been implemented."

Rates are required to be actuarially certified by CMS. Any limitations on rates, including caps and specified increases, will not necessarily mean such rates will be approved as actuarially sound. Should the agency be unable to receive certification of such rates, it will be required to increase them to certifiable levels.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	
Comment:	These policy changes could be combined with Issue 13, "Set HMO by Two Infant Groups." However, the savings could NOT be combined. Combining both policy issues would result in the savings quoted in this issue (NOT the savings quoted in Issue 13), as the majority of rate cells other than the Under 1 category would increase using the Medipass expenditure basis
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	See above comments.
Date Completed:	March 5, 2005.
Total (Saving(s)) Cost of Proposal:	(65,000,000)
General Revenue:	(26,721,500)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(38,278,500)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #47 Repeal paragraph 3 of 409.9124

Proposal Name:	REPEAL PARAGRAPH 3 OF 409.9124
Brief Description of Proposal:	LEGISLATION THAT PASSED LAST SESSION THAT COULD DRAMATICALLY IMPACT RATES
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	0
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	As soon as bill signed by Governor.
Provide additional comments regarding rule:	Legislative direction clarifying that changes to the rule shall be permanent (e.g. not for one year only) must be clear. Otherwise, agency will be exposed to greater legal challenges regarding the single year authority of the GAA alone.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect...) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	NA
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	0
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	409.9124 (3) Each year prior to establishing new managed care rates, the agency shall review all prior year adjustments for changes in trend, and shall reduce or eliminate those adjustments which are not reasonable and which reflect policies or programs which are <u>inappropriate for managed care entities.</u> <u>For establishing new managed care rates, the agency shall adjust its fee-for-service base and trend for changes of policies or programs to its fee-for-service system that shall be expected of managed care organizations.</u> The agency shall review such

Medicaid Impact Conference Issues

March 7, 2005

adjustments annually and shall reduce or eliminate those adjustments if the agency is unable to reasonably quantify the effects of said policies and procedures, or if such policies and procedures are considered to be completely included in the fee-for-service base expenditures.

Also recommended that proviso not be repeated indicating, "...the agency shall calculate rates to the maximum extent possible, applying only those policy reductions to the rates that can be accurately estimated and that have been implemented."

Rates are required to be actuarially certified by CMS. Any limitations on rates, including caps and specified increases, will not necessarily mean such rates will be approved as actuarially sound. Should the agency be unable to receive certification of such rates, it will be required to increase them to certifiable levels.

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	
Comment:	<p>These policy changes could be combined with Issue 13, "Set HMO by Two Infant Groups," and Issue 46 regarding capitation rates.</p> <p>No savings are projected based upon this change, as it is unknown what savings to the FFS system will be legislated. However, as an example, if the cost effective formulary issue is approved, without the change to the above statute the agency will be prohibited from incorporating the adjustment into its managed care rates as the program is not scheduled for implementation until after July 1 (e.g. October 1, 2005). The proposed change is intended to allow managed care rates to reflect this adjustment based upon intended implementation for a program managed care entities can reasonably be expected to operationalize. The agency would be required to review the effects of the formulary each year until the effects are included in the FFS base expenditures.</p>
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	See above comments.
Date Completed:	March 7, 2005
Total (Saving(s)) Cost of Proposal:	0
General Revenue:	0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	0
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #48 Require rebates for Title XXI children

Proposal Name:	REQUIRE REBATES FOR TITLE XXI CHILDREN
Brief Description of Proposal:	REQUIRE CLARENDON TO TRANSMIT THE NATIONAL DRUG CODE FOR ALL PRESCRIPTIONS PURCHASED SO FLORIDA CAN REQUIRE MANUFACTURERS TO PROVIDE THE STATE WITH PRESCRIPTION DRUG REBATES.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	NONE
Total Cost (Savings) Expected:	0
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Only if determined such a program could be implemented.
If “Yes” please provide a brief description and comment if it could cause delays.	NA
Will this proposal require an administrative rule? (Yes or No)	Dependent upon implementation.
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Unknown
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Unknown
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	NA
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	NA
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	
If administration is contracted, estimate \$\$ of contract.	0
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Per discussions with CMS, no federal authority exists requiring rebates from drug manufacturers regarding capitated payments. CMS indicated if Title XIX prohibits such arrangements, creating such an arrangement under Title XXI may be problematic. AHCA has been unable to ascertain how such a program would be enforced. Clarendon may be required to submit such information, but it is unknown why the drug manufacturers would agree to any rebates as their payments come from Clarendon, not any state entity. Title XIX prohibits obtaining rebates based upon capitated payments. The Title XIX PDL and rebate agreements are separate from similar Title XXI arrangements.

3/8/2005

Title XXI children.doc#5

Issue #48 Require rebates for

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	
Date Completed:	March 5, 2005
Total (Saving(s)) Cost of Proposal:	0
General Revenue:	0
Administrative Trust Fund:	
Medical Health Care Trust Fund:	0
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #49 Require rebates for multi-source physician-administered drugs

Proposal Name:	REQUIRE REBATES FOR MULTI-SOURCE PHYSICIAN-ADMINISTERED DRUGS
Brief Description of Proposal:	FEDERAL HHS OIG REPORT (OEI-03-02-00660) INDICATES THAT FLORIDA DOES NOT RECEIVE REBATES FOR MULTI-SOURCE PHYSICIAN-ADMINISTERED DRUGS. THE REPORT ESTIMATES THE STATE COULD GENERATE \$1.3 MILLION IN SAVINGS IF IT DID RECEIVE THE REBATES.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	N/A
Total Cost (Savings) Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	N/A
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	N/A
Provide additional comments regarding rule:	N/A
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	<p>The Agency already seeks rebates from manufacturers of pharmaceutical products paid for by the Medicaid program, including injectible drugs (“J codes”) such as those dispensed directly by a physician in an office or other clinical setting.</p> <p>The Agency began collecting rebates on these drugs during SFY 03-04, and has collected appx. \$500,000 to date through its Third Party Liability process. The Agency continues to attempt to expand these collections, but difficulties in obtaining the required information from physicians and pharmacies challenges the Agency’s ability to identify all the required information to collect 100% of such rebates.</p>

3/8/2005

multi-source physician-administered drugs.doc#5

Issue #49 Require rebates for

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	TPL/Pharmacy Services
Comment:	Analysis not conducted due to policy already in operation.
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	N/A
Date Completed:	3/2/05
Total (Savings) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #50 Place all SSI non-institutionalized individuals in HMOs

Proposal Name:	PLACE ALL SSI NON-ISTITUTIONALIZED INDIVIDUALS IN HMO'S
Brief Description of Proposal:	THIS WOULD REQUIRE ALL SSI TO BE ENROLLED IN HMOS EVEN WHEN THEY ARE IN OTHER FORMS OF MANAGED CARE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 1, 2006
Total Cost (Savings) Expected:	(\$65,683,712)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	Chapter 59G-8 Managed Care would have to be reviewed to place all SSI non-institutionalized individuals in HMOs
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	1915 b Waiver
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	1915 b Managed Care Waiver Amendment identifies populations not subject to assignment.
Will this proposal require additional staffing? (Yes or No)	Yes
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	>One contract Manager for every 2 to 3 HMO contracts. >Heealth Systems Consultant for Monitoring >Secretary
Could or Should the administration duties be contracted? (Yes or No)	NA
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	
If "Yes" to the above item provide comment.	
Date Completed:	03/04/05
Total (Saving(s)) Cost of Proposal:	(\$65,683,712)
General Revenue:	(\$10,853,728)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$38,691,434)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$16,138,551)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Expected Saving for Issue #50 based on Jan-1 start date

	GR	GD	TF	TOTAL
Fee-for -Service	(\$10,947,742)	\$0	(\$15,682,620)	(\$26,630,362)
UPL	\$0	(\$16,138,551)	(\$23,118,445)	(\$39,256,995)
TOTAL	(\$10,947,742)	(\$16,138,551)	(\$38,801,065)	(\$65,887,357)

Effect with minus new administrative staffing cost	\$94,014		\$109,631	\$203,645
TOTAL	(\$10,853,728)	(\$16,138,551)	(\$38,691,434)	(\$65,683,712)

Medicaid Impact Conference Issues

March 7, 2005

FSSEC February 2005 - Detail, Inpatient Hospitals

		Percent of Total	
SSI	906,049,394	84.44%	
Elderly & Disabled	166,913,060	15.56%	
Total SSI + E&D	<u>1,072,962,454</u>	<u>100.00%</u>	
		Percent of Total	Percent remaining in FFS
Total Inpatient Hospital	2,056,123,974	52.184%	47.816%

ALL 2003 FYE FHURS Reports

UPL Balance State Fiscal Year 2004-05

<u>Line</u>	<u>Private Hospitals</u>	<u>Public Hospitals</u>	<u>Total</u>
1 Upper Payment Limit (100%)	\$974,164,543	\$318,144,169	\$1,292,308,712
2 Medicaid Payments	(\$593,475,157)	(\$208,575,553)	(\$802,050,710)
3 Effect of Rate Reduction*	\$28,602,350	\$5,786,056	\$34,388,406
4	<u>\$409,291,736</u>	<u>\$115,354,671</u>	<u>\$524,646,407</u>
5			
6 Effect of Removing Inpatient Ceilings (SFY 02-03)	\$64,683,884	\$50,003,183	\$114,687,067
7 Net 2002-03 SMPs	\$293,149,108	\$163,560,993	\$456,710,101
8 Net 2002-03 Global Liver	\$2,557,800	\$284,200	\$2,842,000
9 Net 2002-03 DSH posted to deductions to revenue	\$32,357,451	\$148,415,558	\$180,773,009
10 Net Adjustments to FHURS		(\$195,202,931)	(\$195,202,931)
11	<u>\$392,748,243</u>	<u>\$167,061,003</u>	<u>\$559,809,246</u>
12			

3/8/2005
institutionalized individuals in HMOs.doc#5

Issue #50 Place all SSI non-

Medicaid Impact Conference Issues

March 7, 2005

13	Estimated Additional UPL Balance Available	\$802,039,979	\$282,415,674	\$1,084,455,653
14				
15	<i>04-05 Ceilings & SMPs as Appropriated</i>			
16				
17	Remove IP Ceilings	(\$156,025,223)	(\$92,979,783)	(\$249,005,006)
18	SMP Teaching	(\$12,028,643)	(\$5,258,858)	(17,287,501)
19	SMP Primary Care	(\$7,222,718)	(\$10,064,783)	(17,287,501)
20	SMP Family Practice	(\$2,641,454)	(\$660,364)	(3,301,818)
21	SMP Trauma	(\$12,366,508)	(\$5,163,336)	(17,529,843)
22	SMP Rural	(\$8,124,148)	(\$3,751,524)	(11,875,672)
23	SMP Safety Net	(\$98,892,921)	(\$16,186,055)	(115,078,976)
24	SMP Hospitals with PC	(\$3,183,014)	\$0	(3,183,014)
25	SMP Liver Transplant	(\$7,646,107)	(\$2,285,893)	(9,932,000)
26	SMP Low Income	(\$189,774,538)	(\$259,157,883)	(448,932,420)
27	SMP Explicitly Identified	(\$7,299,270)	\$0	(7,299,270)
28	SMP Children	(\$2,833,106)	\$0	(2,833,106)
29	SMP Primary Care Clinic	(\$2,698,776)	(\$299,864)	(2,998,640)
30				
31	Total SMPs	<u>(\$510,736,425)</u>	<u>(\$395,808,342)</u>	<u>(\$906,544,767)</u>
32				
33	Available (Remaining) UPL Balance	<u>291,303,554</u>	<u>(113,392,668)</u>	<u>177,910,886</u>

*Effect of Rate Reduction - Average reduction 4.81946884% 2.77408152%

WAS

Available (Remaining) UPL Balance	<u>669,427,044</u>	<u>(0)</u>	<u>669,427,044</u>
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Reduction	378,123,490	113,392,668	491,516,158
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Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #51 Place all MEDS AD non-institutionalized individuals in HMOs

Proposal Name:	PLACE ALL MEDS AD NON-ISTITUTIONALIZED INDIVIDUALS IN HMO'S
Brief Description of Proposal:	THIS WOULD REQUIRE ALL MEDS AD TO BE ENROLLED IN HMOS EVEN WHEN THEY ARE IN OTHER FORMS OF MANAGED CARE.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 1, 2006
Total Cost (Savings) Expected:	(\$33,864,360)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

3/8/2005

AD non-institutionalized individuals in HMOs.doc#5

Issue #51 Place all MEDS

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	(65A – 1.701, 710, 711) would need to be reviewed to delete reference to MEDS-AD Non-institutional
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	Yes
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	It will require 1115 waiver of choice. However, federal law requires that individuals have a choice of a least two HMO's to choose from
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Duals are exempt from managed care, also they will mainly be covered under Part D

3/8/2005

AD non-institutionalized individuals in HMOs.doc#5

Issue #51 Place all MEDS

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Jack Shi
Secondary Analyst:	Program Analysis
Comment:	Saving based on 6 months
Will this initiative impact managed care capitation rates (Yes/No)	NA
If "Yes" to the above item provide comment.	
Date Completed:	03/04/05
Total (Saving(s)) Cost of Proposal:	(\$33,864,360)
General Revenue:	(\$10,947,742)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$19,942,722)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$2,973,897)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Expected Saving for Issue #51 based on Jan-1 start date

18%

	GR	GD	TF	TOTAL
Fee-for -Service	(\$10,947,742)	\$0	(\$15,682,620)	(\$26,630,362)
UPL	\$0	(\$2,973,897)	(\$4,260,102)	(\$7,233,999)
TOTAL	(\$10,947,742)	(\$2,973,897)	(\$19,942,722)	(\$33,864,360)

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AD non-institutionalized individuals in HMOs.doc#5

Issue #51 Place all MEDS

Medicaid Impact Conference Issues

March 7, 2005

FSSEC February 2005 - Detail, Inpatient Hospitals

		Percent of Total	
SSI	906,049,394	84.44%	
Elderly & Disabled	166,913,060	15.56%	
Total SSI + E&D	<u>1,072,962,454</u>	<u>100.00%</u>	
Total Inpatient Hospital	2,056,123,974	Percent of Total 52.184%	Percent remaining in FFS 47.816%

ALL 2003 FYE FHURS Reports

UPL Balance State Fiscal Year 2004-05

<u>Line</u>	<u>Private Hospitals</u>	<u>Public Hospitals</u>	<u>Total</u>
1 Upper Payment Limit (100%)	\$974,164,543	\$318,144,169	\$1,292,308,712
2 Medicaid Payments	(\$593,475,157)	(\$208,575,553)	(\$802,050,710)
3 Effect of Rate Reduction*	\$28,602,350	\$5,786,056	\$34,388,406
4	<u>\$409,291,736</u>	<u>\$115,354,671</u>	<u>\$524,646,407</u>
5			
6 Effect of Removing Inpatient Ceilings (SFY 02-03)	\$64,683,884	\$50,003,183	\$114,687,067
7 Net 2002-03 SMPs	\$293,149,108	\$163,560,993	\$456,710,101
8 Net 2002-03 Global Liver	\$2,557,800	\$284,200	\$2,842,000
9 Net 2002-03 DSH posted to deductions to revenue	\$32,357,451	\$148,415,558	\$180,773,009
10 Net Adjustments to FHURS		(\$195,202,931)	(\$195,202,931)
11	<u>\$392,748,243</u>	<u>\$167,061,003</u>	<u>\$559,809,246</u>
12			
13 Estimated Additional UPL Balance Available	\$802,039,979	\$282,415,674	\$1,084,455,653
14			
15 <i>04-05 Ceilings & SMPs as Appropriated</i>			
16			
17 Remove IP Ceilings	(\$156,025,223)	(\$92,979,783)	(\$249,005,006)
18 SMP Teaching	(\$12,028,643)	(\$5,258,858)	(17,287,501)
19 SMP Primary Care	(\$7,222,718)	(\$10,064,783)	(17,287,501)
20 SMP Family Practice	(\$2,641,454)	(\$660,364)	(3,301,818)
21 SMP Trauma	(\$12,366,508)	(\$5,163,336)	(17,529,843)
22 SMP Rural	(\$8,124,148)	(\$3,751,524)	(11,875,672)

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AD non-institutionalized individuals in HMOs.doc#5

Issue #51 Place all MEDS

Medicaid Impact Conference Issues

March 7, 2005

23SMP Safety Net	(\$98,892,921)	(\$16,186,055)	(115,078,976)
24SMP Hospitals with PC	(\$3,183,014)	\$0	(3,183,014)
25SMP Liver Transplant	(\$7,646,107)	(\$2,285,893)	(9,932,000)
26SMP Low Income	(\$189,774,538)	(\$259,157,883)	(448,932,420)
27SMP Explicitly Identified	(\$7,299,270)	\$0	(7,299,270)
28SMP Children	(\$2,833,106)	\$0	(2,833,106)
29SMP Primary Care Clinic	(\$2,698,776)	(\$299,864)	(2,998,640)
30			
31 Total SMPs	<u>(\$510,736,425)</u>	<u>(\$395,808,342)</u>	<u>(906,544,767)</u>
32			
33 Available (Remaining) UPL Balance	<u>291,303,554</u>	<u>(113,392,668)</u>	<u>177,910,886</u>

*Effect of Rate Reduction - Average reduction 4.81946884% 2.77408152%

WAS

Available (Remaining) UPL Balance	<u>669,427,044</u>	<u>(0)</u>	<u>669,427,044</u>
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Reduction	378,123,490	113,392,668	491,516,158
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Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #52 Hard cap of 3 Brand and 3 Generics

Proposal Name:	HARD CAP OF 3 BRAND AND 3 GENERICS
Brief Description of Proposal:	THIS IS WHAT IS DONE IN TEXAS AND WOULD LIMIT ALL RECIPIENTS TO 3 BRAND PRESCRIPTIONS AND 3 GENERIC PRESCRIPTIONS PER MONTH.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JULY 1, 2005
Total Cost (Savings) Expected:	(\$281,993,938)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	
Will this proposal require an administrative rule? (Yes or No)	Yes
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	The Agency must begin the rule process immediately after signed into Law.
Provide additional comments regarding rule:	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Limiting recipients to 6 drugs per month would increase emergency room visits and costs for recipients that require more than 6 drugs each month due to health conditions such as Diabetes, Glaucoma, etc. The cost that would be incurred due to the increase in Hospital visits has not been determined at this time and has not been accounted for in this analysis

3/8/2005

Brand and 3 Generics.doc#5

Issue #52 Hard cap of 3

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Savings have been adjusted to account for the recipients that will transition into Medicare Part D as of January 2006.
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Rates would be reduced based upon the reduction to the FFS base.
Date Completed:	3/4/05
Total (Savings) Cost of Proposal:	(\$281,993,938)
General Revenue:	(\$86,924,631)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$124,570,882)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$70,498,484)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #53 Use daily or weekly allotment machines in LTC facilities

Proposal Name:	USE DAILY OR WEEKLY ALLOTMENT MACHINES IN LTC FACILITIES
Brief Description of Proposal:	THIS WOULD END THE PRACTICE OF PROVIDING LTC RESIDENTS MONTHLY PRESCRIPTIONS OR LONGER. IT WOULD LIMIT THEM TO A WEEKS WORTH OF PRESCRIPTIONS OR LESS.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	N/A
Total Cost (Savings) Expected:	\$0.00
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	No
If “Yes” please provide a brief description and comment if it could cause delays.	N/A
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	N/A
Provide additional comments regarding rule:	N/A
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	N/A
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 etc..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	No
If administration is contracted, estimate \$\$ of contract.	N/A
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Medicaid’s Pharmacy Services Unit conducted an analysis pertaining to the Pyxis Automated Drug Dispensing Machines from October 1, 2002 through December 31, 2003. After completing the analysis, the unit was unable to demonstrate significant cost savings to the state due to the utilization of the automated dispensing machines in nursing homes.

3/8/2005

allotment machines in LTC facilities.doc#5

Issue #53 Use daily or weekly

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Prior study and analysis used as the basis for this projection.
Will this initiative impact managed care capitation rates (Yes/No)	No
If "Yes" to the above item provide comment.	N/A
Date Completed:	3/1/05
Total (Savings) Cost of Proposal:	\$0.00
General Revenue:	\$0.00
Administrative Trust Fund:	\$0.00
Medical Health Care Trust Fund:	\$0.00
Refugee Assistance Trust Fund:	\$0.00
Tobacco Settlement Trust Fund:	\$0.00
Grants and Donation Trust Fund:	\$0.00
Public Medical Assistance Trust Fund:	\$0.00
Other State Funds:	\$0.00

Attach Work Papers:

Medicaid Impact Conference Issues

March 7, 2005

Proposal: Issue #54 State Pooled Purchasing for Rx Rebates

Proposal Name:	STATE POOLED PURCHASEING FOR RX REBATES
Brief Description of Proposal:	ALLOW AHCA TO JOIN A STATE PRESCRIPTION DRUG REBATE POOL.
Proposed State Fiscal Year: 00/00	2005-2006
Proposed Start Date: 00/00/0000	JANUARY 1, 2006
Total Cost (Savings) Expected:	(\$2,857,138)
Bureau(s) Responsible for Administration:	MEDICAID PROGRAM ANALYSIS
Staff Lead: (administration level)	ROBERT BUTLER

Medicaid Impact Conference Issues

March 7, 2005

Administrator Questions:

Will this proposal require a State Plan Amendment? (Yes or No)	Yes
If “Yes” please provide a brief description and comment if it could cause delays.	The Agency currently negotiates rebates with manufacturers independently.
Will this proposal require an administrative rule? (Yes or No)	No
If “Yes” please provide the date initial rule development must take place in order to meet the Proposed Start Date: 00/00/0000	N/A
Provide additional comments regarding rule:	N/A
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No)	No
If “Yes”, for a new Federal Waiver, please provide what type of waiver (i.e. 1915b, 1115 ect..) and comments concerning the waiver development (i.e. timeframe to complete waiver process) and or potential ramifications that may be developed.	N/A
If “Yes” for Modification to an existing waiver please provide the current waiver name, type and comments on waiver modification (i.e. timeframe to complete modifications) and or potential ramifications that may be developed.	N/A
Will this proposal require additional staffing? (Yes or No)	No
If “Yes” provide a description of what type of staff is needed (Number of FTE(s) or OPS, Pay Grade/Title, Proposed Duties:	N/A
Could or Should the administration duties be contracted? (Yes or No)	Yes
If administration is contracted, estimate \$\$ of contract.	Unknown
Additional Comment(s): (Administrators professional judgment regarding proposal): (please provide any additional comments regarding potential ramifications this proposal may have):	Assumes a 1% increase in rebates and a 6 month implementation.

3/8/2005

Purchasing for Rx Rebates.doc#5

Issue #54 State Pooled

Medicaid Impact Conference Issues

March 7, 2005

Program Analysis:

Lead Analyst:	Pharmacy Services
Secondary Analyst:	Program Analysis
Comment:	
Will this initiative impact managed care capitation rates (Yes/No)	Yes
If "Yes" to the above item provide comment.	Rebates are included in determining capitation rates. As this proposal may take a significant amount of time to fully operationalize, the Agency would not effect managed care rates for this issue without reliable data or experience.
Date Completed:	3/4/05
Total (Savings) Cost of Proposal:	(\$2,857,138)
General Revenue:	(\$1,174,284)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$1,682,854)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers: