

**MEDICAID IMPACT CONFERENCE**  
**April 15, 2005**

	<b>Issue</b>	<b>Total</b>	<b>GR</b>	<b>Trust</b>	<b>Comment</b>
1	State Maximum Allowable Cost	\$0	\$0	\$0	Project savings from additional drugs that remain to be MAC'd
2A	Behavioral Health Pharmacy Management Program, FY 04-05	(\$21,982,966)	(\$9,035,000)	(\$12,947,966)	Provide an estimate of the savings generated by this program for FY 2004-05 and FY 2005-06.
2B	Behavioral Health Pharmacy Management Program, FY 05-06	(\$34,000,000)	(\$13,977,400)	(\$20,022,600)	Provide an estimate of the savings generated by this program for FY 2004-05 and FY 2005-06.
3	8 Drug Cap Program, of which maximum of 5 can be brands, include a clinical review for all drugs over the cap.	\$0	\$0	\$0	Include Nursing Home recipients. Allow for patient clinical review of drug therapy for all recipients receiving more than 8 drugs per month. Please account for Medicare Pt. D impact. Calculate as an alternative to the cost effective formulary proposal.
4	Pharmacy Reimbursement: Ingredient Cost Adjustment AWP-17%	(\$22,837,500)	(\$7,041,372)	(\$15,796,128)	Reduce ingredient cost to AWP-17 and the WAC + equivalent. For All pharmacies.
5A	Pharmacy Reimbursement: Ingredient Cost Adjustment AWP-17% Based on Volume Purchasing	(\$15,515,000)	(\$4,783,662)	(\$10,731,338)	A.)Project savings based on AWP-17 for all providers over 75k in average aggregate monthly payments.
5B	Pharmacy Reimbursement: Ingredient Cost Adjustment AWP-17% Based on Volume Purchasing	(\$13,412,500)	(\$4,135,409)	(\$9,277,091)	B.)Project savings based on AWP-17 for all providers over 100k in average aggregate monthly payments.
5C	Pharmacy Reimbursement: Ingredient Cost Adjustment AWP-17% Based on Volume Purchasing	(\$10,367,500)	(\$3,196,559)	(\$7,170,941)	C.)Project savings based on AWP -17 for all providers over 150k in average aggregate monthly payments.
6	Patent Expirations	\$0	\$0	\$0	Project savings based on patent expirations during FY 2005-06 if not accounted for through SSEC projections.
7A	8 Drug Prior Authorization	\$0	\$0	\$0	Project savings in conjunction with cost effective formulary.
7B	8 Drug Prior Authorization	(\$26,824,982)	(\$10,000,000)	(\$16,824,982)	Project savings in conjunction with cost effective formulary.
8	Partial Dentures	\$6,870,924	\$2,798,988	\$4,071,936	Provide an estimate of additional funding needed to provide services.
9	Crisis Stabilization Unit (CSU) Beds	\$4,185,835	\$1,720,797	\$2,465,038	Provide an estimate potential savings through increasing CSU beds for Medicaid recipients.
10	HMO Hospital Day Ceiling	\$31,189,167	\$12,703,781	\$18,485,386	Recalculate using updated information.
11A	Pharmacy Utilization Review and Management Program	(\$630,641)	(\$209,384)	(\$421,257)	What are the potential savings for a statewide contract for a pharmacy utilization review program that includes academic detailing, and shared savings with the prescriber. Provide two calculations: 1) Calculate separate from cost effective formulary. 2) in conjunction with cost effective formulary.
11B	Pharmacy Utilization Review and Management Program	(\$1,822,282)	(\$839,517)	(\$982,765)	Assume no shared savings and Agency hires staff.
12	Restore Adult Vision	\$7,908,597	\$3,148,445	\$4,760,152	Provide an estimate of the amount to restore the entire adult vision program.
13	Pride Eyeglasses	(\$1,200,144)	(\$487,914)	(\$712,230)	Provide an estimate in conjunction with restoring the adult vision program and without.
14	Restore Adult Hearing	\$2,238,937	\$918,978	\$1,319,959	Provide an estimate of the amount to restore the entire adult hearing program.
15	Institutional Pharmacy Prior Authorization	\$29,000,000	\$11,900,000	\$17,100,000	Currently the Medicaid reform bill in the Senate and in the House eliminates the ability of a pharmacist in an institutional pharmacy to make the call for prior authorization. Provide the potential impact to the savings generated from the cost effective formulary issue as adopted in the Senate budget if this exemption were to be allowed.

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #1

<b>Proposal Name:</b>	<b>STATE MAXIMUM ALLOWABLE COST</b>
<b>Brief Description of Proposal:</b>	<b>PROJECT SAVINGS FROM ADDITIONAL DRUGS THAT REMAIN TO BE MAC'D</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>NA</b>
<b>Total (Savings) Expected:</b>	<b>(\$0)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		All generically available drugs with adequate volume to generate savings are already MAC'd either by Federal Upper Limits or State MAC's (sometimes both).

# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Jerry Wells
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$0)
<b>General Revenue:</b>	(\$0)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$0)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$0)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

March 07, 2005

## Proposal: Issue #2A

<b>Proposal Name:</b>	<b>BEHAVIORAL HEALTH PHARMACY MANAGEMENT PROGRAM</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE OF THE SAVINGS GENERATED BY THIS PROGRAM FOR FY 2004-05 AND FY 2005-06.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>04/05</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>09/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$21,982,966)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		The contract includes a guarantee \$34 million however the program did not start until September of 2004, with full implementation in December. Any savings deived from the program will be on a prorata share of the \$34M.

# Medicaid Impact Conference Issues

March 07, 2005

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$21,982,966)
<b>General Revenue:</b>	(\$9,035,000)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$12,947,966)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

March 07, 2005

## Proposal: Issue #2B

<b>Proposal Name:</b>	<b>BEHAVIORAL HEALTH PHARMACY MANAGEMENT PROGRAM</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE OF THE SAVINGS GENERATED BY THIS PROGRAM FOR FY 2004-05 AND FY 2005-06.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$34,000,000)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		The contract guarantees \$34 million insavings. At this time the Agency expects no additional saving created by the Behavioral Health Pharmacy Management program other than the savings already accounted for in the FY2005-06 SSEC.

# Medicaid Impact Conference Issues

March 07, 2005

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$34,000,000)
<b>General Revenue:</b>	(\$13,977,400)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$20,022,600)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #3

<b>Proposal Name:</b>	<b>8 DRUG CAP PROGRAM, OF WHICH MAXIMUM OF 5 CAN BE BRANDS, INCLUDE A CLINICAL REVIEW FOR ALL DRUGS OVER THE CAP.</b>
<b>Brief Description of Proposal:</b>	<b>INCLUDE NURSING HOME RECIPIENTS. ALLOW FOR PATIENT CLINICAL REVIEW OF DRUG THERAPY FOR ALL RECIPIENTS RECEIVING MORE THAN 8 DRUGS PER MONTH. PLEASE ACCOUNT FOR MEDICARE PT. D IMPACT. CALCULATE AS AN ALTERNATIVE TO THE COST EFFECTIVE FORMULARY PROPOSAL.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$0)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately following the policy being signed into law
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Pharmacy Services handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	Clinical review will require professional staff (Dentists and Doctors) that the agency does not currently have. The agency will likely contract the professional staff This additional administrative cost may lead to a net cost instead of savings.



# Medicaid Impact Conference Issues

April 15, 2005

<b>Language Provided In the Governors Recommendations</b>	
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	As this proposal expands the number of branded drugs beyond the current limit of four, and given those needing more than eight drugs a month will probably meet medically necessary requirement, the Agency estimates this proposal would increase pharmaceutical costs.. Rx use averages only 3.8 per recipient already with the 4 brand cap.

## Program Analysis:

<b>Lead Analyst:</b>	Jerry Wells
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$0
<b>General Revenue:</b>	\$0
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$0
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	\$0
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #4

<b>Proposal Name:</b>	<b>PHARMACY REIMBURSEMENT: INGREDIENT COST ADJUSTMENT AWP-17%</b>
<b>Brief Description of Proposal:</b>	<b>REDUCE INGREDIANT COST TO AWP-17 AND THE WAC + EQUIVALENT. FOR ALL PHARMACIES.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$22,837,500)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.		
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after Legislative approval.
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Pharmacy Service Handbook will need to be updated.
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Jerry Wells
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$22,837,500)
<b>General Revenue:</b>	(\$7,041,372)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$10,086,753)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$5,709,375)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

## Attach Work Papers:

	Gross Savings	Dual Eligible	Non-Duals	Total Saving adjusted for part D
Total Savings before Part D	31,500,000	17,325,000	14,175,000	
Adjustment for Part D		8,662,500	14,175,000	22,837,500

Total (22,837,500)

GR (7,041,372)

MCTF (10,086,753)

REBATES (5,709,375)

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #5A Savings at \$75K a month

<b>Proposal Name:</b>	<b>PHARMACY REIMBURSEMENT: INGREDIENT COST ADJUSTMENT AWP-17% BASED ON VOLUME PURCHASING</b>
<b>Brief Description of Proposal:</b>	<b>A.)PROJECT SAVINGS BASED ON AWP-17 FOR ALL PROVIDERS OVER 75K IN AVERAGE AGGREGATE MONTHLY PAYMENTS.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$15,515,000)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.		
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after legislative approval.
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The pharmacy handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments		These savings estimates presume a reduction for branded drugs to AWP-17% (1.6% reduction for 82% of Rx's)

4/18/2005

Issue5A.doc

# Medicaid Impact Conference Issues

April 15, 2005

regarding potential ramifications this proposal may have

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$15,515,000)
<b>General Revenue:</b>	(\$4,783,662)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$6,852,588)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$3,878,750)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

## Attach Work Papers:

\$75k A MONTH	Gross Savings	Dual Eligible	Non-Duals	Total Saving adjusted for part D
Total Savings before Part D	21,400,000	11,770,000	9,630,000	
Adjustment for Part D		5,885,000	9,630,000	15,515,000

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #5B Savings at \$100K a month

<b>Proposal Name:</b>	<b>PHARMACY REIMBURSEMENT: INGREDIENT COST ADJUSTMENT AWP-17% BASED ON VOLUME PURCHASING</b>
<b>Brief Description of Proposal:</b>	<b>B.)PROJECT SAVINGS BASED ON AWP-17 FOR ALL PROVIDERS OVER 100K IN AVERAGE AGGREGATE MONTHLY PAYMENTS.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$13,412,500)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.		
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after legislative approval.
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The pharmacy handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments		These savings estimates presume a reduction for branded drugs to AWP-17% (1.6% reduction for 82% of Rx's)

# Medicaid Impact Conference Issues

April 15, 2005

regarding potential ramifications this proposal may have

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$13,412,500)
<b>General Revenue:</b>	(\$4,135,409)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$5,923,966)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$3,353,125)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

## Attach Work Papers:

\$100k A MONTH	Gross Savings	Dual Eligible	Non-Duals	Total Saving adjusted for part D
Total Savings before Part D	18,500,000	10,175,000	8,325,000	
Adjustment for Part D		5,087,500	8,325,000	13,412,500

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #5C Savings at \$150K a month

<b>Proposal Name:</b>	<b>PHARMACY REIMBURSEMENT: INGREDIENT COST ADJUSTMENT AWP-17% BASED ON VOLUME PURCHASING</b>
<b>Brief Description of Proposal:</b>	<b>C.)PROJECT SAVINGS BASED ON AWP -17 FOR ALL PROVIDERS OVER 150K IN AVERAGE AGGREGATE MONTHLY PAYMENTS.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$10,367,500)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.		
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after legislative approval.
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The pharmacy handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments		These savings estimates presume a reduction for branded drugs to AWP-17% (1.6% reduction for 82% of Rx's)



# Medicaid Impact Conference Issues

April 15, 2005

regarding potential ramifications this proposal may have

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$10,367,500)
<b>General Revenue:</b>	(\$3,196,559)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$4,579,066)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$2,591,875)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

## Attach Work Papers:

\$150k A MONTH	Gross Savings	Dual Eligible	Non-Duals	Total Saving adjusted for part D
Total Savings before Part D	14,300,000	7,865,000	6,435,000	
Adjustment for Part D		3,932,500	6,435,000	10,367,500

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #6

<b>Proposal Name:</b>	<b>PATENT EXPIRATIONS</b>
<b>Brief Description of Proposal:</b>	<b>PROJECT SAVINGS BASED ON PATENT EXPIRATIONS DURING FY 2005-06 IF NOT ACCOUNTED FOR THROUGH SSEC PROJECTIONS.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>NA</b>
<b>Total (Savings) Expected:</b>	<b>(\$)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		The agency already factors in patents into the projected cost trends. The agency does not perform microanalysis of individual patents. Every year new patents are created and old patents expire, therefore, patent expirations are currently accounted for in the SSEC FY05-06. Patents may also be renewed or extended; the major drugs with expiring patents in FY05-06 may be replaced

4/18/2005

Issue6.doc

# Medicaid Impact Conference Issues

April 15, 2005

	with other brand drugs.
--	-------------------------

## Program Analysis:

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$0)
<b>General Revenue:</b>	(\$0)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$0)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$0)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #7A

<b>Proposal Name:</b>	<b>8 DRUG PRIOR AUTHORIZATION</b>
<b>Brief Description of Proposal:</b>	<b>PROJECT SAVINGS IN CONJUNCTION WITH COST EFFECTIVE FORMULARY.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>\$0</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately following the policy being signed into law
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Pharmacy Services handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	Clinical review will require professional staff (dentists and Doctors) that the agency does not currently have. The agency will likely contract the professional staff This additional administrative cost may lead to a net cost instead of savings.
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		The \$198,649,082 in savings previously was quoted based on an 8 drug hard cap without exception. Any prior authorization or other exception to the rule will dramatically reduce or eliminate the saving. This conclusion has come from past experience with drug

# Medicaid Impact Conference Issues

April 15, 2005

	<p>caps before implementation of the current drug limit. There was a 6 drug hard cap in place already from 1988 to 1999 with a PA exception. Nearly all patients needing more than the 6 drugs were able to obtain them through the exception. Thus no savings were created and the cap was stopped in 1999.</p> <p>Further more, clinical review will require professional staff (dentists and Doctors) that the agency does not currently have. This additional administrative cost may lead to a net cost instead of savings.</p>
--	--

## Program Analysis:

<b>Lead Analyst:</b>	Jerry Wells
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$0
<b>General Revenue:</b>	\$0
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$0
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	\$0
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #7B

<b>Proposal Name:</b>	<b>8 DRUG PRIOR AUTHORIZATION</b>
<b>Brief Description of Proposal:</b>	<b>PROJECT SAVINGS IN CONJUNCTION WITH COST EFFECTIVE FORMULARY.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>(\$26,824,982)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately following the policy being signed into law
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Pharmacy Services handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	Clinical review will require professional staff (dentists and Doctors) that the agency does not currently have. The agency will likely contract the professional staff This additional administrative cost may lead to a net cost instead of savings.
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		This Issue will create an additional savings of \$10,000,000 in General Revenue without the Cost Effective Formulary in place.

# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Jerry Wells
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$26,824,982)
<b>General Revenue:</b>	(\$10,000,000)
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	(\$10,743,736)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$6,081,245)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #8

<b>Proposal Name:</b>	<b>PARTIAL DENTURES</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE OF ADDITIONAL FUNDING NEEDED TO PROVIDE SERVICES.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>\$6,870,924</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	Yes	Section 409.906(1) Adult Dental Services, will have to include a statement authorizing Medicaid coverage of partial dentures and procedures for adult recipients of ages 21 and over. An effective date for this new coverage will have to be provided there as well.
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	Yes	A State Plan Amendment change will be required to add the new services as covered by Medicaid. The state plan will also need to reflect whether or not a 5% co-insurance share of cost must be paid by adult recipients for partial dentures as it is currently done for full dentures.
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	Yes	Chapter 59G, F.A.C., Dental Services, will have to be promulgated and a revision to the Medicaid Dental Services Coverage and Limitations Handbook will have to be made.
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	No	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	No	
<b>Language Provided in the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		Note: Medicaid will incur added cost due to more maintenance required for recipients with partials. Medicaid believes partials for adults will lead to further tooth extracts for recipients receiving a partial due to the additional decay related to partial dentures. The agency has assumed an equivalent number of

4/18/2005

Issue8.doc



# Medicaid Impact Conference Issues

April 15, 2005

recipients will need partial as is projected for full dentures.

## Program Analysis:

<b>Lead Analyst:</b>	Steve Russell
<b>Secondary Analyst:</b>	Mary Ceraosli
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$6,870,924
<b>General Revenue:</b>	\$2,798,988
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$4,011,207
<b>Refugee Assistance Trust Fund:</b>	\$60,728
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## Cumulative Cost for Partial Denture for Medicaid Eligible Adults

### Partial Denture Cost for over 21 Medicaid Recipients

	TOTAL	30% from Dentures	New Partial Recipients
*Estimated Number of recipients needing partials	22,039	5086	16953
**Cost of Partial Per Recipient	\$508	\$508	\$508
Total Cost	\$11,195,812	\$2,583,688	\$8,612,124

***Maintenance/Checkups associated with Partial	44,078
****AVG Cost	\$42.75
Total Cost	\$1,884,335

Total Cost of Partial \$13,080,147

### Projected Adult Full Dentures above current SSEC

Current projection \$20,697,410

Reduction due to allowing Partial 30%  
 Savings \$6,209,223

Net Cost (Savings) for Issue \$6,870,924

TOTAL COST	\$6,870,924	
TOTAL GENERAL REVENUE	\$2,798,988	0.407367048
TOTAL MEDICAL CARE TRUST FUND	\$4,011,207	0.583794511
TOTAL REFUGEE ASSISTANCE TF	\$60,728	0.008838441

4/18/2005

Issue8.doc

# Medicaid Impact Conference Issues

April 15, 2005

TOTAL TOBACCO SETTLEMENT TF	\$0	0
TOTAL GRANTS AND DONATIONS TF	\$0	0

Notes:

\*Assumption that the number of new recipients needing a partial will be at least the same size as those needing full dentures

\*\*Assumption cost is based on average number of procedures normally associated with a partial.

Break down listed below

Partial	Type of Service	AVG # OF PROCEDURE FOR A PARTIAL	FEE RATE	TOTAL COST	TOTAL COST REDUCED FOR 5% COPAY
	Partial	1	\$315	\$315	\$299
	Tooth Restoration	2	\$60	\$120	\$114
	Tooth Extraction	2	\$50	\$100	\$95
		<u>5</u>		<u>\$535</u>	<u>\$508</u>

\*\*\*Assumption that partial recipients will need an average of 2 maintenance procedures a year.

\*\*\*\*Average Fee Rate for Relines, adjustment, Repair.

Avg. cost of dentures and extractions: \$710-1420

Avg. cost of partial: \$535

Note: Medicaid will incur added cost due to more maintenance required for recipients with partials.

Medicaid believes partials for adults will lead to further tooth extractions for recipients receiving a partial due to the additional decay related to partial dentures.

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #9

<b>Proposal Name:</b>	<b>CRISIS STABILIZATION UNIT (CSU) BEDS</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE POTENTIAL SAVINGS THROUGH INCREASING CSU BEDS FOR MEDICAID RECIPIENTS.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>03/01/2006</b>
<b>Total (Savings) Expected:</b>	<b>\$4,185,835</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	NA
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Behavioral Health Services Handbook will need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		Will need new procedure codes to be certified and activated. See attached assumptions.

# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$4,185,835
<b>General Revenue:</b>	\$1,720,797
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$2,465,038
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

## **Proposal to Expand Medicaid Coverage to Crisis Stabilization Units (CSUs) SFY 2005-06**

### **Assumptions:**

Total number of currently licensed CSU beds (per DCF)	862
Number of currently licensed CSU beds size 16 or less	357
Proposed increase in CSU beds size 16 or less	88
Projected Medicaid utilization (confirmed with DCF)	22%
Lag time for current providers to become Medicaid providers if Medicaid coverage includes CSU services (in months)	3
Lag time for new CSU beds	9
Projected finalization of Prepaid Mental Health Plan implementation	3/1/2006
Projected CSU rate per day	\$ 321.00
State share of funding	0.4111
Federal share of funding	0.5889
Projection assumes use of CSU beds reduces by 2:1 the use of inpatient psychiatric days	
Projection assumes 95% occupancy for use of CSU beds	95%
Average Hospital Inpatient Cost Per Day (2/28/05 SSEC)	\$ 1,354.30

### **Projection:**

#### *CSU Services*

Current CSU days (annualized) for Medicaid eligibles	27,234
Average annual CSU cost for current CSU beds	\$ 8,742,032
Less: 3 months of claims as providers enter the program	(2,185,508)
Less: 4 months of claims due to full PPD MH for PPD eligibles	(2,230,486)
Projected cost in 0506 for Medicaid use of currently licensed CSU beds	\$ 4,326,038
New CSU days (annualized) for Medicaid eligibles	6,713
Average annual CSU cost for current CSU beds	2,154,899
Less: 9 months of claims as beds are brought on line	(1,616,174)
Less: Remaining months for which PPD MH is fully implemented for PPD eligibles	(412,359)
Projected cost in 0506 for Medicaid use of new CSU beds	\$ 126,366
Total Cost for CSU Services	\$ 4,452,404
General Revenue	\$ 1,830,383
MCTF	\$ 2,622,021

4/18/2005

Issue9.doc

# Medicaid Impact Conference Issues

April 15, 2005

## *Hospital Inpatient Services*

Annualized Hospital Inpatient Costs for CSU Placements	\$	-
Less: 3 months of claims as providers enter the program	\$	-
Less: 4 months of claims due to full PPD MH	\$	-
Projected Hospital Inpatient Savings for CSU Placements	\$	-

NOTE: AS MEDICAID ELIGIBLES ALREADY RECEIVING SERVICES WITHIN EXISTING CSUs, AND AS NO EMPTY BEDS EXIST IN CURRENT CSUs, NO CAPACITY EXISTS TO MOVE RECIPIENTS FROM THE INPATIENT SETTING.

New CSU Beds		
SFY 2005-06 Hospital Inpatient Days for CSU Placements @ 2:1 ratio		839
Estimated Cost Savings for Hospital Inpatient Days for PPD ineligible		(266,569)
Total Reduction in Hospital Inpatient Services		(266,569)
General Revenue		(109,587)
MCTF		(156,982)

<b>Total Cost (Savings)</b>		<b>4,185,835</b>
<b>General Revenue</b>		<b>1,720,797</b>
<b>MCTF</b>		<b>2,465,038</b>

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #10

<b>Proposal Name:</b>	<b>HMO HOSPITAL DAY CEILING</b>
<b>Brief Description of Proposal:</b>	<b>RECALCULATE USING UPDATED INFORMATION.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>\$31,189,167</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		... as a result of requiring Medicaid HMO's to be financially responsible for up to 365 days of hospital inpatient care.
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		Implementation of this policy would require the agency to adjust (increase) the HMO rate using the current methodology. By increasing the rates and requiring HMOs to cover all Hospital Days, the agency would increase the amount paid due to rates by \$33,396,526. The amount that could be saved in the FFS category would be \$2,207,359 based on claims paid over 45 days for HMO enrollees. Therefore, this policy would increase cost to the state by \$31,189,167.

4/18/2005

Issue10.doc



# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Jack Shi
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$31,189,167
<b>General Revenue:</b>	\$12,703,781
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$18,225,089
<b>Refugee Assistance Trust Fund:</b>	\$252,474
<b>Tobacco Settlement Trust Fund:</b>	\$7,823
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

## Attach Work Papers:

*Projected increase in HMO payments	\$33,396,526.43
**Projected Cost of FFS payments for HMO enrollees over 45 days	-\$2,207,359.17
<b>Total Cost (Savings)</b>	<b>\$31,189,167.26</b>

TOTAL COST	\$31,189,167
TOTAL GENERAL REVENUE	\$12,703,781
TOTAL MEDICAL CARE TRUST FUND	\$18,225,089
TOTAL REFUGEE ASSISTANCE TF	\$252,474
TOTAL TOBACCO SETTLEMENT TF	\$7,823
TOTAL GRANTS AND DONATIONS TF	\$0

\*Based on projected rate increase for HMO's due to the 365 day inpatient responsibility

\*\*Based on current FFS payments for HMO enrollees over the 45 day limits

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #11A Shared savings, agency contracts professional staff

<b>Proposal Name:</b>	<b>PHARMACY UTILIZATION REVIEW AND MANAGEMENT PROGRAM</b>
<b>Brief Description of Proposal:</b>	<b>WHAT ARE THE POTENTIAL SAVINGS FOR A STATEWIDE CONTRACT FOR A PHARMACY UTILIZATION REVIEW PROGRAM THAT INCLUDES ACEDMIC DETAILING, AND SHARED SAVINGS WITH THE PRESCRIBER. PROVIDE TWO CALCULATIONS: 1) CALCULATE SEPARATE FROM COST EFFECTIVE FORMULARY. 2) IN CONJUNCTION WITH COST EFFECTIVE FORMULARY.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>1/1/2006</b>
<b>Total (Savings) Expected:</b>	<b>(\$630,641)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Anticipate a 6 month process for wavier approval. Wavier required for shared savings arrangement.
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	The Agency will require at least one professional for each area. Estimated Administrative cost is \$1,122,000 with a 50/50 split on federal match for contracted professionals. If the Agency hires the staff the feudal match will be 75%. Agency assumes savings will be the same with cost effective formulary,
<b>Language Provided In the Governors</b>		

4/18/2005

Issue11A.doc

# Medicaid Impact Conference Issues

April 15, 2005

<b>Recommendations</b>	
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	The agency estimates a 1/1/2006 start date. Assume split shared savings.

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$630,641)
<b>General Revenue:</b>	(\$209,384)
<b>Administrative Trust Fund:</b>	\$280,500
<b>Medical Health Care Trust Fund:</b>	(\$403,847)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$297,910)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

Agency contracts professional staff	Rx Savings	Medical	Administrative Cost	Savings January 1, 2006
Projected savings amount	(2,852,958)	(1,913,606)	1,122,000	
Assume split shared savings	(1,426,479)	(956,803)		
Projected implementation <b>1/1/06</b>	(713,240)	(478,402)	561,000	<b>(630,641)</b>
GR	(293,213)	(196,671)	280,500	<b>(209,384)</b>
Administrative Trust Fund			280,500	<b>280,500</b>
MCTF	(241,717)	(162,130)		<b>(403,847)</b>
G&D	(178,310)	(119,600)		<b>(297,910)</b>

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #11B No shared savings, agency hires professional staff

<b>Proposal Name:</b>	<b>PHARMACY UTILIZATION REVIEW AND MANAGEMENT PROGRAM</b>
<b>Brief Description of Proposal:</b>	<b>WHAT ARE THE POTENTIAL SAVINGS FOR A STATEWIDE CONTRACT FOR A PHARMACY UTILIZATION REVIEW PROGRAM THAT INCLUDES ACEDMIC DETAILING, AND SHARED SAVINGS WITH THE PRESCRIBER. PROVIDE TWO CALCULATIONS: 1) CALCULATE SEPARATE FROM COST EFFECTIVE FORMULARY. 2) IN CONJUNCTION WITH COST EFFECTIVE FORMULARY.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>1/1/2006</b>
<b>Total (Savings) Expected:</b>	<b>(\$1,822,282)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Anticipate a 6 month process for wavier approval. Wavier required for shared savings arrangement.
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	The Agency will require at least one professional for each area. Estimated Administrative cost is \$1,122,000 with a 50/50 split on federal match for contracted professionals. If the Agency hires the staff the feudal match will be 75%. Agency assumes savings will be the same with cost effective formulary,
<b>Language Provided In the Governors</b>		

4/18/2005

Issue11B.doc

# Medicaid Impact Conference Issues

April 15, 2005

<b>Recommendations</b>	
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	The agency estimates a 1/1/2006 start date.

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$1,822,282)
<b>General Revenue:</b>	(\$839,517)
<b>Administrative Trust Fund:</b>	\$420,750
<b>Medical Health Care Trust Fund:</b>	(\$807,694)
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	(\$595,821)
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

Agency hires professional staff	Rx Savings	Medical	Administrative Cost	<b>Savings</b>
				January 1, 2006
Projected savings amount	(\$2,852,958)	(\$1,913,606)	\$1,122,000	
Projected implementation 1/1/06	(\$1,426,479)	(\$956,803)	\$561,000	<b>(\$1,822,282)</b>
GR	(\$586,426)	(\$393,342)	\$140,250	<b>(\$839,517)</b>
Administrative Trust Fund			\$420,750	<b>\$420,750</b>
MCTF	(\$483,434)	(\$324,261)		<b>(\$807,694)</b>
G&D	(\$356,620)	(\$239,201)		<b>(\$595,821)</b>

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #12

<b>Proposal Name:</b>	<b>RESTORE ADULT VISION</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE OF THE AMOUNT TO RESTORE THE ENTIRE ADULT VISION PROGRAM.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>\$7,908,597</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after legislative approval
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Visual Services handbook would need to be updated in the next review.
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		



# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Jason Ottinger
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/13/2005
<b>Total (Savings) Cost of Proposal:</b>	\$7,908,597
<b>General Revenue:</b>	\$3,148,445
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$4,510,141
<b>Refugee Assistance Trust Fund:</b>	\$250,011
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

Adult Vision

	Total	General Revenue	MCTF	RATF
Vision	\$11,884,578	\$4,734,116	\$6,781,611	\$368,851
PS offset	(\$3,975,981)	(\$1,585,671)	(\$2,271,470)	(\$118,840)
<u>Vision</u>	<u>\$7,908,597</u>	<u>\$3,148,445</u>	<u>\$4,510,141</u>	<u>\$250,011</u>

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #13

<b>Proposal Name:</b>	<b>PRIDE EYEGLASSES</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE IN CONJUNCTION WITH RESTORING THE ADULT VISION PROGRAM AND WITHOUT.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>1/1/2006</b>
<b>Total (Savings) Expected:</b>	<b>(\$1,200,144)</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after legislative approval
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Visual Opometric Services Handbook would need to be updated
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Limiting choice to one provide. Assume 6 months for waiver process and CMS approval
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	1 FTE- Contract Manager to over see contract with PRIDE., Senior Management Analyst II
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Robert Butler
<b>Secondary Analyst:</b>	Jason Ottinger
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	(\$1,200,144)
<b>General Revenue:</b>	(\$487,914)
<b>Administrative Trust Fund:</b>	\$19,585
<b>Medical Health Care Trust Fund:</b>	(\$728,469)
<b>Refugee Assistance Trust Fund:</b>	(\$2,726)
<b>Tobacco Settlement Trust Fund:</b>	(\$620)
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

# Medicaid Impact Conference Issues

April 15, 2005

PRIDE Glasses Proposal

## ASSUMES RESTORATION OF ADULT VISION FOR ANY SAVINGS TO OCCUR FOR ADULT EYEGLASSES

	Adults	Children	Administrative Cost	Savings January 1, 2006
Total of identified procedure codes, 2002-03	3,282,447	2,619,048		
Projected savings percentage	42%	42%		
Projected savings amount	(1,378,628)	(1,100,000)	78,340	
Projected implementation <b>1/1/06</b>	(689,314)	(550,000)	39,170	<b>(1,200,144)</b>
GR	(282,274)	(225,225)	19,585	<b>(487,914)</b>
Administrative Trust Fund			19,585	<b>19,585</b>
MCTF	(405,179)	(323,290)		<b>(728,469)</b>
Refugee Assistance	(1,516)	(1,210)		<b>(2,726)</b>
Tobacco	(345)	(275)		<b>(620)</b>

### Notes:

1. Assumes 42% savings on glasses as proposed during SFY 0405 Legislature.
2. Six month implementation period required due to contracting requirements and possible federal waiver regarding freedom of choice.
3. No state prohibitions identified if AHCA required to contract with PRIDE, except as noted in 2 above. PRIDE referenced in FS 946.515 and 287.412(f), as well as FAC 60A-7.005.
4. Administrative cost for a contract manager- Senior Management Analyst II

# Medicaid Impact Conference Issues

April 15, 2005

## Proposal: Issue #14

<b>Proposal Name:</b>	<b>RESTORE ADULT HEARING</b>
<b>Brief Description of Proposal:</b>	<b>PROVIDE AN ESTIMATE OF THE AMOUNT TO RESTORE THE ENTIRE ADULT HEARING PROGRAM.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>\$2,238,788</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

## Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/ NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NO	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately upon legislative approval
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Hearing Service Hand book would need to updated to reflect adult hearing
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
<b>Language Provided In the Governors Recommendations</b>		
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

# Medicaid Impact Conference Issues

April 15, 2005

## Program Analysis:

<b>Lead Analyst:</b>	Fred Roberson
<b>Secondary Analyst:</b>	Jason Ottinger
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$2,238,788
<b>General Revenue:</b>	\$918,979
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$1,316,436
<b>Refugee Assistance Trust Fund:</b>	\$3,522
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers:

Adult Hearing

	Total	General Revenue	MCTF	RATF
Hearing	\$2,296,788	\$942,724	\$1,350,451	\$3,613
PS offset	(\$57,851)	(\$23,745)	(\$34,015)	(\$91)
<u>Hearing</u>	<u>\$2,238,937</u>	<u>\$918,979</u>	<u>\$1,316,436</u>	<u>\$3,522</u>

# Medicaid Impact Conference Issues

March 07, 2005

## Proposal: Issue #15

<b>Proposal Name:</b>	<b>INSTITUTIONAL PHARMACY PRIOR AUTHORIZATION</b>
<b>Brief Description of Proposal:</b>	<b>CURRENTLY THE MEDICAID REFORM BILL IN THE SENATE AND IN THE HOUSE ELIMINATES THE ABILITY OF A PHARMACIST IN AN INSTITUTIONAL PHARMACY TO MAKE THE CALL FOR PRIOR AUTHORIZATION. PROVIDE THE POTENTIAL IMPACT TO THE SAVINGS GENERATED FROM THE COST EFFECTIVE FORMULARY ISSUE AS ADOPTED IN THE SENATE BUDGET IF THIS EXEMPTION WERE TO BE ALLOWED.</b>
<b>Proposed State Fiscal Year: 00/00</b>	<b>2005/06</b>
<b>Proposed Start Date: 00/00/0000</b>	<b>7/1/2005</b>
<b>Total (Savings) Expected:</b>	<b>\$29,000,000</b>
<b>Bureau(s) Responsible for Administration:</b>	<b>PROGRAM ANALYSIS</b>

### Administrator Questions:

<b>INSTRUCTED QUESTIONS</b>	<b>YES/NO</b>	<b>RESPONSE</b>
<b>Will This proposal require a change in Florida Statute?</b> (Yes or No) If "Yes" please comment.	NA	
<b>Will this proposal require a State Plan Amendment?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Immediately after Legislative approval.
<b>Will this proposal require an administrative rule?</b> (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
<b>Will this proposal require a Federal waiver or modification to an existing waiver?</b> (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
<b>Will this proposal require additional staffing?</b> (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

# Medicaid Impact Conference Issues

March 07, 2005

<b>Language Provided In the Governors Recommendations</b>	
<b>Additional Comment(s):</b> Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	Allowing pharmacists to obtain PA for drugs removes the prescriber and results in no savings in long term care. This is well documented with results in LTC for the 4-Brand cap. This will reduce projected savings by \$29 million (\$11.9GR if PA by pharmacists is allowed)

## Program Analysis:

<b>Lead Analyst:</b>	
<b>Secondary Analyst:</b>	
<b>Comment:</b>	Calculations based on FY 2005/06 SSEC
<b>Date Completed:</b>	4/14/2005
<b>Total (Savings) Cost of Proposal:</b>	\$29,000,000
<b>General Revenue:</b>	\$11,900,000
<b>Administrative Trust Fund:</b>	
<b>Medical Health Care Trust Fund:</b>	\$9,850,000
<b>Refugee Assistance Trust Fund:</b>	
<b>Tobacco Settlement Trust Fund:</b>	
<b>Grants and Donation Trust Fund:</b>	\$7,250,000
<b>Public Medical Assistance Trust Fund:</b>	
<b>Other State Funds:</b>	

Attach Work Papers: