

BNEADL01 LAS/PBS SYSTEM
BUDGET PERIOD: 2008-2019
STATE OF FLORIDA

SCHEDULE VIII B-2
PRIORITY LISTING FOR POSSIBLE REDUCTION
FOR REQUEST YEAR

SP 09/18/2017 14:11 PAGE: 1
ERROR REPORT

BUDGET ENTITY	D3A ISSUE CODE	COLUMN NUMBERS	CODE	ERROR MESSAGE	PAGE
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THERE WERE 0 ERRORS DETECTED

COL A93			
SCH VIII B-2			
REDUCTIONS			
POS	AMOUNT		CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
REDUCE HOSPITAL RATE ENHANCEMENTS			33V0020
SPECIAL CATEGORIES			100000
HOSPITAL INPATIENT SERVICE			101582
GENERAL REVENUE FUND	-MATCH 24,940,472-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 40,110,316-		2474 3

TOTAL APPRO.....	65,050,788-		
	=====		
HOSPITAL OUTPATIENT SVCS			101596
GENERAL REVENUE FUND	-MATCH 2,009,015-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 3,230,983-		2474 3

TOTAL APPRO.....	5,239,998-		
	=====		
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND	-MATCH 95,038,789-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 152,845,376-		2474 3

TOTAL APPRO.....	247,884,165-		
	=====		
TOTAL: REDUCE HOSPITAL RATE ENHANCEMENTS			33V0020
TOTAL ISSUE.....	318,174,951-		
	=====		

AGENCY ISSUE NARRATIVE:

SCH VIII B-2 NARR 18-19 NARRATIVE:
 PRIORITY #2

IT COMPONENT? YES

ISSUE TITLE: Reduce Hospital Rate Enhancements

ISSUE SUMMARY: This issue proposes the elimination of the remaining Medicaid hospital inpatient and outpatient automatic rate enhancements in the amount of \$318,174,951, which is included in the Hospital Inpatient, Hospital Outpatient, and Prepaid Health Plans categories.

ISSUE DETAIL: Prior to Fiscal Year 2017-2018, hospital rates included a combined hospital automatic rate enhancement add-on of \$817,693,422 (\$683,695,723 included in hospital inpatient reimbursement rates and \$133,997,699 included in

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
REDUCE HOSPITAL RATE ENHANCEMENTS		33V0020

hospital outpatient rates). The 2017 Florida Legislature reduced both the hospital inpatient and hospital outpatient automatic rate enhancements on a recurring basis in the amount of \$499,518,471. However, \$86,913,173 of the reduction amount was restored with non-recurring funds. The automatic rate enhancement add-on amounts bear no relationship to improving access to quality care for Medicaid recipients and are based on obsolete methodologies that predate both current rate-setting methodologies, diagnosis-related grouping, and enhanced ambulatory patient grouping.

This issue proposes to eliminate the remaining recurring automatic rate enhancement add-on for hospital services and includes the pass-through impact on the prepaid health plan.

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Medicaid Services to Individuals (68501400)				
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$ 24,940,472)	\$0	(\$ 24,940,472)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 40,110,316)	\$0	(\$ 40,110,316)	\$0
Category Total	(\$ 65,050,788)	\$0	(\$ 65,050,788)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$ 2,009,015)	\$0	(\$ 2,009,015)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 3,230,983)	\$0	(\$ 3,230,983)	\$0
Category Total	(\$ 5,239,998)	\$0	(\$ 5,239,998)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$ 95,038,789)	\$0	(\$ 95,038,789)	\$0
Medical Care Trust Fund (2474 - 3)	(\$152,845,376)	\$0	(\$152,845,376)	\$0
Category Total	(\$247,884,165)	\$0	(\$247,884,165)	\$0
Issue Total	(\$318,174,951)	\$0	(\$318,174,951)	\$0

		COL A93	
		SCH VIIIIB-2	
		REDUCTIONS	
POS		AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
1115 MEDS-AD WAIVER ELIMINATION			33V0180
SPECIAL CATEGORIES			100000
CASE MANAGEMENT			100311
GENERAL REVENUE FUND -MATCH		62,886-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		101,136-	2474 3
TOTAL APPRO.....		164,022-	
		=====	
HOSPITAL INPATIENT SERVICE			101582
GENERAL REVENUE FUND -MATCH		4,727,431-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		7,602,853-	2474 3
TOTAL APPRO.....		12,330,284-	
		=====	
HOSPITAL INSURANCE BENEFIT			101589
GENERAL REVENUE FUND -MATCH		353,570-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		568,627-	2474 3
TOTAL APPRO.....		922,197-	
		=====	
HOSPITAL OUTPATIENT SVCS			101596
GENERAL REVENUE FUND -MATCH		807,314-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		1,298,357-	2474 3
TOTAL APPRO.....		2,105,671-	
		=====	
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND -MATCH		2,807,799-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		4,515,621-	2474 3
TOTAL APPRO.....		7,323,420-	
		=====	

		COL A93	
		SCH VIIIIB-2	
		REDUCTIONS	
POS		AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
1115 MEDS-AD WAIVER ELIMINATION			33V0180
SPECIAL CATEGORIES			100000
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND -MATCH		1,027,817-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		1,652,979-	2474 3
TOTAL APPRO.....		2,680,796-	
		=====	
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND -MATCH		200,793,779-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		322,924,997-	2474 3
TOTAL APPRO.....		523,718,776-	
		=====	
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND -MATCH		1,534,963-	1000 2
GRANTS AND DONATIONS TF -MATCH		1,443,742-	2339 2
-FEDERL		2,321,887-	2339 3
TOTAL GRANTS AND DONATIONS TF		3,765,629-	2339
MEDICAL CARE TRUST FUND -FEDERL		1,604,645-	2474 3
TOTAL APPRO.....		6,905,237-	
		=====	
MEDICARE PART D PAYMENT			102683
GENERAL REVENUE FUND -MATCH		1,016,299-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		1,634,455-	2474 3
TOTAL APPRO.....		2,650,754-	
		=====	

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
1115 MEDS-AD WAIVER ELIMINATION		33V0180
TOTAL: 1115 MEDS-AD WAIVER ELIMINATION		33V0180
TOTAL ISSUE.....	558,801,157-	
	=====	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 18-19 NARRATIVE: IT COMPONENT? NO
 PRIORITY #4

ISSUE TITLE: 1115 MEDS-AD Waiver Elimination

ISSUE SUMMARY: This issue proposes the elimination of funding in the amount of \$558,801,157 associated with optional eligibility category for the MEDS-AD waiver program with an effective date of July 1, 2018.

ISSUE DETAIL: The MEDS-AD waiver program is for persons who are at least 65 years old or disabled, with an income up to 88 percent of the Federal Poverty Level (FPL) that is within the State asset limits, without Medicare, or dually eligible and meet specific waiver inclusions. Many of the individuals in this optional eligibility group do not otherwise qualify for Medicaid. This change would result in an estimated 51,057 eligibles that would be affected, all from the Supplemental Security Income (SSI) eligibility group. These individuals are aged, blind, or disabled with incomes above the SSI level but below 88 percent of the FPL. Legislative authority is needed to achieve this reduction.

Crossover payments would continue for the dually eligible individuals (both Medicare and Medicaid crossover individuals). This estimate does not include the impact of these individuals who would still be eligible for Medicaid services by transferring to the SSI eligibility category. The remaining individuals that would be affected due to the elimination of the waiver program would be those who are Medicaid only (non-dual) who do not reside in a long-term care facility or participate in the Prepaid Long-Term Care waiver program.

The top expenditures for the affected eligibles are as follows:

- Prepaid Health Plans - \$523,718,776 - 93.27 percent
- Hospital Inpatient - \$12,330,284 - 2.21 percent
- Other Fee for Service - \$7,323,420 - 1.31 percent

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Medicaid Services to Individuals (68501400)				
Case Management (100311)				

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 SCH VIIIIB-2
 REDUCTIONS
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID SERV/INDIVIDUALS
 HEALTH AND HUMAN SERVICES
HEALTH SVCS/INDIVIDUALS

68000000
 68500000
 68501400
 13
1301.00.00.00
 33V0000
 33V0180

PROGRAM REDUCTIONS
 1115 MEDS-AD WAIVER ELIMINATION

General Revenue (1000 - 2)	(\$ 62,886)	\$0	(\$ 62,886)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 101,136)	\$0	(\$ 101,136)	\$0
Category Total	(\$ 164,022)	\$0	(\$ 164,022)	\$0
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$ 4,727,431)	\$0	(\$ 4,727,431)	\$0
Medical care Trust Fund (2474 - 3)	(\$ 7,602,853)	\$0	(\$ 7,602,853)	\$0
Category Total	(\$ 12,330,284)	\$0	(\$ 12,330,284)	\$0
Hospital Insurance Benefit (101589)				
General Revenue (1000 - 2)	(\$ 353,570)	\$0	(\$ 353,570)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 568,627)	\$0	(\$ 568,627)	\$0
Category Total	(\$ 922,197)	\$0	(\$ 922,197)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$ 807,314)	\$0	(\$ 807,314)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 1,298,357)	\$0	(\$ 1,298,357)	\$0
Category Total	(\$ 2,105,671)	\$0	(\$ 2,105,671)	\$0
Other Fee For Service (102325)				
General Revenue (1000 - 2)	(\$ 2,807,799)	\$0	(\$ 2,807,799)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 4,515,621)	\$0	(\$ 4,515,621)	\$0
Category Total	(\$ 7,323,420)	\$0	(\$ 7,323,420)	\$0
Physician & Health Care Practitioner Service (102542)				
General Revenue (1000 - 2)	(\$ 1,027,817)	\$0	(\$ 1,027,817)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 1,652,979)	\$0	(\$ 1,652,979)	\$0
Category Total	(\$ 2,680,796)	\$0	(\$ 2,680,796)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$200,793,779)	\$0	(\$200,793,779)	\$0
Medical Care Trust Fund (2474 - 3)	(\$322,924,997)	\$0	(\$322,924,997)	\$0
Category Total	(\$523,718,776)	\$0	(\$523,718,776)	\$0
Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$ 1,534,963)	\$0	(\$ 1,534,963)	\$0
Grants and Donations Trust Fund (2339 - 2)	(\$ 1,443,742)	\$0	(\$ 1,443,742)	\$0
Grants and Donations Trust Fund (2339 - 3)	(\$ 2,321,887)	\$0	(\$ 2,321,887)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 1,604,645)	\$0	(\$ 1,604,645)	\$0
Category Total	(\$ 6,905,237)	\$0	(\$ 6,905,237)	\$0

COL A93				
SCH VIIIIB-2				
REDUCTIONS				
POS	AMOUNT			CODES

AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
PROGRAM REDUCTIONS				33V0000
1115 MEDS-AD WAIVER ELIMINATION				33V0180

Medicare Part D Payment (102683)				
General Revenue (1000 - 2)	(\$ 1,016,299)	\$0	(\$ 1,016,299)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 1,634,455)	\$0	(\$ 1,634,455)	\$0
Category Total	(\$ 2,650,754)	\$0	(\$ 2,650,754)	\$0
Issue Total	(\$558,801,157)	\$0	(\$558,801,157)	\$0

PREPAID HEALTH PLAN CAPITATION RATE				
ADJUSTMENT				33V0690
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673

GENERAL REVENUE FUND	-MATCH	181,466,546-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	291,842,129-		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	1,415,163-		2579 3
TOTAL APPRO.....		474,723,838-		
		=====		

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 18-19 NARRATIVE:
 PRIORITY #6

IT COMPONENT? NO

ISSUE TITLE: Prepaid Health Plan Capitation Rate Adjustment

ISSUE SUMMARY: This issue proposes to reduce the reimbursement rate paid to the Medicaid Managed Care plans by 5.16 percent. The adjustment in the reimbursement rate would result in a reduction of \$474,723,838 in the Prepaid Health Plan category.

ISSUE DETAIL: This reduction would be achieved by adjusting the capitation rate paid to the Medicaid Managed Care plans for providing Medicaid benefit packages to Medicaid recipients by 5.16 percent. The reduction can only occur if the capitation rates can achieve an actuarial soundness certification from the AHCA's contracted actuaries. Services will need to be reduced to achieve this reduction. The AHCA will need to seek and gain federal authority, through either a state plan amendment or a waiver, to reduce services to achieve this reduction. It would take a minimum of 120 days to obtain federal approval. This rate adjustment would take effect on October 1, 2018,

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
PREPAID HEALTH PLAN CAPITATION RATE		
ADJUSTMENT		33V0690

The following details reflect the calculations used as the basis for developing this issue.

			Rate Change
			Difference
PREPAID HEALTH PLANS		5.16%	
Caseload	3,273,955	3,273,955	
Unit Cost	\$312.45	\$296.34	(\$16.11)
Total Cost	\$12,275,420,626	\$11,642,455,507	(\$632,965,119)

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$181,466,546)	\$0	(\$181,466,546)	(\$ 60,488,849)
Medical Care Trust Fund (2474 - 3)	(\$291,842,129)	\$0	(\$291,842,129)	(\$ 97,280,710)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 1,415,163)	\$0	(\$ 1,415,163)	(\$ 471,722)
Issue Total	(\$474,723,838)	\$0	(\$474,723,838)	(\$158,241,281)

RETROACTIVE ELIGIBILITY REDUCTION		33V5860
SPECIAL CATEGORIES		100000
HOSPITAL INPATIENT SERVICE		101582
GENERAL REVENUE FUND -MATCH	21,282,717-	1000 2
MEDICAL CARE TRUST FUND -FEDERL	34,227,760-	2474 3
TOTAL APPRO.....	55,510,477-	
=====		
HOSPITAL OUTPATIENT SVCS		101596
GENERAL REVENUE FUND -MATCH	1,102,667-	1000 2
MEDICAL CARE TRUST FUND -FEDERL	1,773,356-	2474 3

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
RETROACTIVE ELIGIBILITY REDUCTION			33V5860
SPECIAL CATEGORIES			100000
HOSPITAL OUTPATIENT SVCS			101596
TOTAL APPRO.....	2,876,023-		
	=====		
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND	-MATCH 591,558-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 951,369-		2474 3

TOTAL APPRO.....	1,542,927-		
	=====		
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND	-MATCH 2,037,685-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 3,277,091-		2474 3

TOTAL APPRO.....	5,314,776-		
	=====		
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND	-MATCH 273,442-		1000 2
	=====		
GRANTS AND DONATIONS TF	-MATCH 257,192-		2339 2
	-FEDERL 413,627-		2339 3

TOTAL GRANTS AND DONATIONS TF	670,819-		2339
	=====		
MEDICAL CARE TRUST FUND	-FEDERL 285,856-		2474 3
	=====		
TOTAL APPRO.....	1,230,117-		
	=====		
TOTAL: RETROACTIVE ELIGIBILITY REDUCTION			33V5860
TOTAL ISSUE.....	66,474,320-		
	=====		

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
RETROACTIVE ELIGIBILITY REDUCTION		33V5860

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 18-19 NARRATIVE:

IT COMPONENT? NO

PRIORITY #1

ISSUE TITLE: Retroactive Eligibility Reduction

ISSUE SUMMARY: The issue proposes a reduction of \$98,425,854 for a retroactive eligibility reduction up to 30 days.

ISSUE DETAIL: Retroactive eligibility is defined as eligibility to a recipient's Medicaid application date with the Department of Children and Families (DCF). Federal Medicaid law requires states to include coverage of retroactive eligibility in their state plans. The Medicaid program currently provides for up to 90 days of retroactive eligibility (from the date of application for Medicaid eligibility). The Agency for Health Care Administration (AHCA) has to pay the claims during this retroactive period on a fee-for-service basis, and thus pays for uncoordinated and potentially inappropriate utilization of medical services. This issue would require a waiver of federal regulation to allow the AHCA to reduce the period of retroactive eligibility up to 30 days.

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Medicaid Services to Individuals (68501400)				
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$21,282,717)	\$0	(\$21,282,717)	\$0
Medical Care Trust Fund (2474 - 3)	(\$34,227,760)	\$0	(\$34,227,760)	\$0
Category Total	(\$55,510,477)	\$0	(\$55,510,477)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$ 1,102,667)	\$0	(\$ 1,102,667)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 1,773,356)	\$0	(\$ 1,773,356)	\$0
Category Total	(\$ 2,876,023)	\$0	(\$ 2,876,023)	\$0
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$ 591,558)	\$0	(\$ 591,558)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 951,369)	\$0	(\$ 951,369)	\$0
Category Total	(\$ 1,542,927)	\$0	(\$ 1,542,927)	\$0
Physician/Health Care Practitioner Service (102542)				
General Revenue (1000 - 2)	(\$ 2,037,685)	\$0	(\$ 2,037,685)	\$0

COL A93
 SCH VIIIIB-2
 REDUCTIONS
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN 68000000
 PGM: HEALTH CARE SERVICES 68500000
MEDICAID SERV/INDIVIDUALS 68501400
 HEALTH AND HUMAN SERVICES 13
HEALTH SVCS/INDIVIDUALS 1301.00.00.00
 PROGRAM REDUCTIONS 33V0000
 RETROACTIVE ELIGIBILITY REDUCTION 33V5860

Medical Care Trust Fund (2474 - 3) (\$ 3,277,091) \$0 (\$ 3,277,091) \$0
 Category Total (\$ 5,314,776) \$0 (\$ 5,314,776) \$0

Prescribed Medicine/Drugs (102681)
 General Revenue (1000 - 2) (\$ 273,442) \$0 (\$ 273,442) \$0
 Grants and Donations Trust Fund (2339 - 2) (\$ 257,192) \$0 (\$ 257,192) \$0
 Grants and Donations Trust Fund (2339 - 3) (\$ 413,627) \$0 (\$ 413,627) \$0
 Medical Care Trust Fund (2474 - 3) (\$ 285,856) \$0 (\$ 285,856) \$0
 Category Total (\$ 1,230,117) \$0 (\$ 1,230,117) \$0

Medicaid Long Term Care (68501500)
 Nursing Home Care (102233)
 General Revenue (1000 - 2) (\$12,250,218) \$0 (\$12,250,218) \$0
 Medical Care Trust Fund (2474 - 3) (\$19,701,316) \$0 (\$19,701,316) \$0
 Category Total (\$31,951,534) \$0 (\$31,951,534) \$0

Issue Total (\$98,425,854) \$0 (\$98,425,854) \$0

MEDICALLY NEEDY REDUCTION EXCLUDING CHILDREN AND PREGNANT WOMEN 33V6050
 SPECIAL CATEGORIES 100000
 HOSPITAL INPATIENT SERVICE 101582

GENERAL REVENUE FUND -MATCH 86,860,273- 1000 2
 MEDICAL CARE TRUST FUND -FEDERL 139,692,343- 2474 3

 TOTAL APPRO..... 226,552,616-
 =====

HOSPITAL OUTPATIENT SVCS 101596

GENERAL REVENUE FUND -MATCH 36,551,307- 1000 2
 MEDICAL CARE TRUST FUND -FEDERL 58,783,348- 2474 3

 TOTAL APPRO..... 95,334,655-
 =====

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS		AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
MEDICALLY NEEDY REDUCTION EXCLUDING			
CHILDREN AND PREGNANT WOMEN			33V6050
SPECIAL CATEGORIES			100000
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND	-MATCH	18,287,109-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	29,410,098-	2474 3

TOTAL APPRO.....		47,697,207-	
=====			
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND	-MATCH	30,175,837-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	48,530,050-	2474 3

TOTAL APPRO.....		78,705,887-	
=====			
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND	-MATCH	34,983,447-	1000 2
=====			
GRANTS AND DONATIONS TF	-MATCH	29,354,840-	2339 2
	-FEDERL	47,129,892-	2339 3

TOTAL GRANTS AND DONATIONS TF		76,484,732-	2339
=====			
MEDICAL CARE TRUST FUND	-FEDERL	30,218,496-	2474 3
=====			
TOTAL APPRO.....		141,686,675-	
=====			
TOTAL: MEDICALLY NEEDY REDUCTION EXCLUDING			33V6050
CHILDREN AND PREGNANT WOMEN			
TOTAL ISSUE.....		589,977,040-	
=====			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 18-19 NARRATIVE:
 PRIORITY #3

IT COMPONENT? NO

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
		68000000
		68500000
		68501400
		13
		<u>1301.00.00.00</u>
		33V0000
		33V6050

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID SERV/INDIVIDUALS
 HEALTH AND HUMAN SERVICES
HEALTH SVCS/INDIVIDUALS
 PROGRAM REDUCTIONS
 MEDICALLY NEEDED REDUCTION EXCLUDING
 CHILDREN AND PREGNANT WOMEN

ISSUE TITLE: Medically Needy Reduction Excluding Children and Pregnant Women

ISSUE SUMMARY: This issue proposes a reduction of \$589,977,040 by limiting Medically Needy program coverage to children and pregnant women and eliminating Medically Needy coverage for all other categories on July 1, 2018.

ISSUE DETAIL: The Medically Needy program is for individuals who are categorically eligible for Medicaid, but do not qualify because they have income above regular Medicaid levels. Through the Medically Needy program, individuals can qualify for Medicaid by incurring medical expenses that spends down their income to a qualifying level. The individual is eligible for Medicaid only for the part of the month after he or she incurs these expenses.

This issue limits the program eligibility and coverage to children and pregnant women only, effective July 1, 2018. This change would result in an estimated total of 1,599 children and pregnant women who would continue to receive services through the Medically Needy program. There are an estimated 26,954 individuals in this optional eligibility group who would no longer be eligible if they incurred medical expenses. Legislative authority is needed to achieve this reduction.

The projected expenditures for Fiscal Year 2018-2019 under the Medically Needy program for current eligibles are as follows:

Hospital Inpatient - \$232,215,991 - 38.40 percent
 Prescribed Medicine - \$145,228,566 - 24.02 percent
 Hospital Outpatient - \$97,717,836 - 16.16 percent
 Physician - \$80,673,380 - 13.34 percent
 Other Fee-for-Service (FFS) - \$48,889,544 - 8.08 percent

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Medicaid Services to Individuals (68501400)				
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$ 86,860,273)	\$0	(\$ 86,860,273)	\$0
Medical Care Trust Fund (2474 - 3)	(\$139,692,343)	\$0	(\$139,692,343)	\$0
Category Total	(\$226,552,616)	\$0	(\$226,552,616)	\$0
Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$ 34,983,447)	\$0	(\$ 34,983,447)	\$0

COL A93
 SCH VIIIIB-2
 REDUCTIONS
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID SERV/INDIVIDUALS
 HEALTH AND HUMAN SERVICES
HEALTH SVCS/INDIVIDUALS

68000000
 68500000
 68501400
 13
1301.00.00.00

PROGRAM REDUCTIONS
 MEDICALLY NEEDY REDUCTION EXCLUDING
 CHILDREN AND PREGNANT WOMEN

33V0000
 33V6050

Grants and Donations Trust Fund (2339 - 2)	(\$ 29,354,840)	\$0	(\$ 29,354,840)	\$0
Grants and Donations Trust Fund (2339 - 3)	(\$ 47,129,892)	\$0	(\$ 47,129,892)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 30,218,496)	\$0	(\$ 30,218,496)	\$0
Category Total	(\$141,686,675)	\$0	(\$141,686,675)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$ 36,551,307)	\$0	(\$ 36,551,307)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 58,783,348)	\$0	(\$ 58,783,348)	\$0
Category Total	(\$ 95,334,655)	\$0	(\$ 95,334,655)	\$0
Physician/Health Care Practitioner Service (102542)				
General Revenue (1000 - 2)	(\$ 30,175,837)	\$0	(\$ 30,175,837)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 48,530,050)	\$0	(\$ 48,530,050)	\$0
Category Total	(\$ 78,705,887)	\$0	(\$ 78,705,887)	\$0
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$ 18,287,109)	\$0	(\$ 18,287,109)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 29,410,098)	\$0	(\$ 29,410,098)	\$0
Category Total	(\$ 47,697,207)	\$0	(\$ 47,697,207)	\$0
Issue Total	(\$589,977,040)	\$0	(\$589,977,040)	\$0

TOTAL: HEALTH SVCS/INDIVIDUALS

1301.00.00.00

BY FUND TYPE	
GENERAL REVENUE FUND	748,732,722-
TRUST FUNDS	1259,418,584-

TOTAL PROG COMP.....	2008,151,306-
=====	

1000
 2000

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES
AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID LONG TERM CARE</u>			68501500
HEALTH AND HUMAN SERVICES			13
<u>LONG-TERM CARE</u>			<u>1303.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
HOME AND COMMUNITY-BASED SERVICES			
WAIVER REDUCTION - DOUBLE BUDGET			33V0120
SPECIAL CATEGORIES			100000
HOME & COMMUNITY BASED SVC			101554
MEDICAL CARE TRUST FUND	-MATCH	51,816,639-	2474 2
	-FEDERL	83,333,697-	2474 3
TOTAL MEDICAL CARE TRUST FUND		135,150,336-	2474
TOTAL APPRO.....		135,150,336-	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 18-19 NARRATIVE:
 PRIORITY #5

IT COMPONENT? NO

ISSUE TITLE: Home and Community-Based Services Waiver Reduction - Double Budget

ISSUE SUMMARY: This issue proposes a reduction of \$135,150,336 in the Home and Community Based Services (HCBS) waiver category associated with the double budget appropriated to the Agency for Health Care Administration (AHCA) for the payment of claims for the HCBS waiver administered by the Agency for Persons with Disabilities (APD).

ISSUE DETAIL: This issue proposes to reduce double budget authority in the Medical Care Trust Fund that is utilized by the AHCA for the payment of claims for individuals enrolled in the HCBS waiver administered by the APD. This reduction will keep the budget authority in the HCBS waiver category in balance based upon the federal financial participation (FFP) rate.

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Home and Community Based Services Waiver (101554)				
Medical Care Trust Fund (2474 - 2)	(\$ 51,816,639)	\$0	(\$ 51,816,639)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 83,333,697)	\$0	(\$ 83,333,697)	\$0
Issue Total	(\$135,150,336)	\$0	(\$135,150,336)	\$0

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES
AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID LONG TERM CARE</u>			68501500
HEALTH AND HUMAN SERVICES			13
<u>LONG-TERM CARE</u>			<u>1303.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
RETROACTIVE ELIGIBILITY REDUCTION			33V5860
SPECIAL CATEGORIES			100000
NURSING HOME CARE			102233
GENERAL REVENUE FUND	-MATCH	12,250,218-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	19,701,316-	2474 3
TOTAL APPRO.....		31,951,534-	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 18-19 NARRATIVE:
 PRIORITY #1

IT COMPONENT? NO

ISSUE TITLE: Retroactive Eligibility Reduction

ISSUE SUMMARY: The issue proposes a reduction of \$98,425,854 for a retroactive eligibility reduction up to 30 days.

ISSUE DETAIL: Retroactive eligibility is defined as eligibility to a recipient's Medicaid application date with the Department of Children and Families (DCF). Federal Medicaid law requires states to include coverage of retroactive eligibility in their state plans. The Medicaid program currently provides for up to 90 days of retroactive eligibility (from the date of application for Medicaid eligibility). The Agency for Health Care Administration (AHCA) has to pay the claims during this retroactive period on a fee-for-service basis, and thus pays for uncoordinated and potentially inappropriate utilization of medical services. This issue would require a waiver of federal regulation to allow the AHCA to reduce the period of retroactive eligibility up to 30 days.

BUDGET SUMMARY: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2018-19	NON-RECURRING FY 2018-19	TOTAL FY 2018-19	ANNUALIZATION FY 2019-2020
Medicaid Services to Individuals (68501400)				
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$21,282,717)	\$0	(\$21,282,717)	\$0
Medical Care Trust Fund (2474 - 3)	(\$34,227,760)	\$0	(\$34,227,760)	\$0
Category Total	(\$55,510,477)	\$0	(\$55,510,477)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$ 1,102,667)	\$0	(\$ 1,102,667)	\$0
Medical Care Trust Fund (2474 - 3)	(\$ 1,773,356)	\$0	(\$ 1,773,356)	\$0
Category Total	(\$ 2,876,023)	\$0	(\$ 2,876,023)	\$0

 COL A93
 SCH VIIIIB-2
 REDUCTIONS
 POS AMOUNT CODES

AGENCY/HEALTH CARE ADMIN 68000000
 PGM: HEALTH CARE SERVICES 68500000
MEDICAID LONG TERM CARE 68501500
 HEALTH AND HUMAN SERVICES 13
LONG-TERM CARE 1303.00.00.00
 PROGRAM REDUCTIONS 33V0000
 RETROACTIVE ELIGIBILITY REDUCTION 33V5860

Other Fee for Service (102325)
 General Revenue (1000 - 2) (\$ 591,558) \$0 (\$ 591,558) \$0
 Medical Care Trust Fund (2474 - 3) (\$ 951,369) \$0 (\$ 951,369) \$0
 Category Total (\$ 1,542,927) \$0 (\$ 1,542,927) \$0

Physician/Health Care Practitioner Service (102542)
 General Revenue (1000 - 2) (\$ 2,037,685) \$0 (\$ 2,037,685) \$0
 Medical Care Trust Fund (2474 - 3) (\$ 3,277,091) \$0 (\$ 3,277,091) \$0
 Category Total (\$ 5,314,776) \$0 (\$ 5,314,776) \$0

Prescribed Medicine/Drugs (102681)
 General Revenue (1000 - 2) (\$ 273,442) \$0 (\$ 273,442) \$0
 Grants and Donations Trust Fund (2339 - 2) (\$ 257,192) \$0 (\$ 257,192) \$0
 Grants and Donations Trust Fund (2339 - 3) (\$ 413,627) \$0 (\$ 413,627) \$0
 Medical Care Trust Fund (2474 - 3) (\$ 285,856) \$0 (\$ 285,856) \$0
 Category Total (\$ 1,230,117) \$0 (\$ 1,230,117) \$0

Medicaid Long Term Care (68501500)
 Nursing Home Care (102233)
 General Revenue (1000 - 2) (\$12,250,218) \$0 (\$12,250,218) \$0
 Medical Care Trust Fund (2474 - 3) (\$19,701,316) \$0 (\$19,701,316) \$0
 Category Total (\$31,951,534) \$0 (\$31,951,534) \$0

Issue Total (\$98,425,854) \$0 (\$98,425,854) \$0

TOTAL: LONG-TERM CARE 1303.00.00.00

BY FUND TYPE
 GENERAL REVENUE FUND 12,250,218- 1000
 TRUST FUNDS 154,851,652- 2000

 TOTAL PROG COMP..... 167,101,870-
 =====

COL A93		
SCH VIII B-2		
REDUCTIONS		
POS	AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN		68000000
TOTAL: AGENCY/HEALTH CARE ADMIN		68000000
BY FUND TYPE		
GENERAL REVENUE FUND	760,982,940-	1000
TRUST FUNDS	1414,270,236-	2000

TOTAL DEPARTMENT.....	2175,253,176-	
	=====	

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*                                                                                                     PAGE: 1 *
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* ** DATA SELECTIONS **          *
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* SCHEDULE VIIIA ISSUE SPREADSHEET:               *
* =====*
* COLUMN: A93          CODES          *
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* INCLUDE (Y/N) FTE: Y          SALARY RATE: Y POSITION DATA: Y          *
* REPORT TOTAL:          *
* REPORT: NO TOTAL          *
* =====*
* BUDGET ENTITY OR GROUP/ACCUMULATION LEVEL (0=MERGE, 1=LEVEL 1, 2=LEVEL 2, 3=LEVEL 3, 4=LOWEST LEVEL)          *
* 1-7:     4          -          -          -          -          -          -          *
* 8-14:               -          -          -          -          -          -          *
* 15-21:               -          -          -          -          -          -          *
* 22-27:               -          -          -          -          -          -          *
* EXCLUDE:               -          -          -          -          -          -          *
*          *
* BUDGET ENTITY TOTALS:          *
*          *
* LEVEL 1: BY FUND TYPE          *
* LEVEL 2: NO TOTAL          *
* LEVEL 3: NO TOTAL          *
* LOWEST LEVEL: BY FUND TYPE          *
* =====*
* PROGRAM COMPONENT/ACCUMULATION LEVEL (1, 2, 3, 4 OR 5 FOR 2, 4, 6, 8 OR 10 DIGITS, 0=MERGED):          *
* PROGRAM COMPONENT:     5          -          -          -          -          -          -          *
* PROGRAM COMPONENT TOTAL:          *
* POLICY AREA: NO TOTAL          *
* PROGRAM COMPONENT: BY FUND TYPE          *
* =====*
* ISSUE CODE OR GROUP/ACCUMULATION LEVEL (1, 2 OR 3 FOR 1, 3 OR 7 CHARACTERS, 0=MERGED):          *
* ISSUE CODE OR GROUP:     3          -          -          -          -          -          -          *
* ISSUE TOTAL:          *
* SUMMARY: NO TOTAL          *
* DETAIL: LINE TOTAL          *
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* APPROPRIATION CATEGORY OR GROUP/ACCUMULATION LEVEL (1=MAJOR, 2=MINOR, 0=MERGED):          *
*     2          -          -          -          -          -          -          *
* INCLUDE FCO (Y/N): Y APPROPRIATION CATEGORY TITLE (S=SHORT, L=LONG): S          *
* APPROPRIATION CATEGORY TOTAL:          *
* MAJOR: NO TOTAL          *
* MINOR: BY DETAIL FUND          *
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* ACCUMULATION LEVEL (1=OPE/FCO, 2=IOE, 0=MERGE): 0          *
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* NEADLP01                                STATISTICAL INFORMATION                                09/18/2017 14:11 *
* BUDGET PERIOD: 2008-2019                EXHIBIT A, D AND D-3A LIST REQUEST                KST 68 SP *
*                                                                                                     PAGE: 2 *
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* FUND GROUPS SET: _____ OR FUND: _____ *
* FUNDING SOURCE IDENTIFIER: _ _ _ _ _ *
* REPORT BY FSI (Y/N): Y *
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* DEPARTMENT NARRATIVE SET: _____ *
* BUDGET ENTITY NARRATIVE SET: _____ *
* ISSUE/ACTIVITY NARRATIVE SET: A5 _ _ _ _ _ *
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* INCLUDE PROGRAM COMPONENT NARRATIVE (Y/N): N *
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* ** FORMATTING ** *
* ===== *
* REPORT HEADING: SCHEDULE VIIIB-2 *
* PRIORITY LISTING FOR POSSIBLE REDUCTION *
* FOR REQUEST YEAR *
* ===== *
* PAGE BREAKS: LOWEST LEVEL PRC *
* (LEVEL 1, LEVEL 2, LEVEL 3, LOWEST LEVEL, *
* IOE, GRP, PRC, SIS, ISC) *
* ===== *
* COLUMN CODES (Y/N): Y FORMAT (L=LANDSCAPE, P=PORTRAIT): L *
* SORT OPTIONS: DEPARTMENT/BUDGET ENTITY (C=CODE, T=TITLE): C *
* PROGRAM COMPONENT (C=CODE, T=TITLE): C *
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* TOTAL RECORDS READ FROM PCF: 4 *
* TOTAL RECORDS READ FROM ICF: 9 *
* TOTAL RECORDS READ FROM INF: 349 *
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* TOTAL RECORDS READ FROM DPC: 0 *
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* NEADLP01                               STATISTICAL INFORMATION           09/18/2017 14:11 *
* BUDGET PERIOD: 2008-2019              EXHIBIT A, D AND D-3A LIST REQUEST       KST 68   SP   *
*                                                                                       PAGE:    3 *
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* BUDGET ENTITIES SELECTED:
*   1-9: 68 _____
*  10-18: _____
*  19-27: _____
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