	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
NURSING HOME COUNTY BILLING INCREASE, FUND SHIFT			1	33B2480
GENERAL REVENUE FUND............		66,557,484-		1000

SCH VIIIB-2 NARR 10-11 NOTES:

ISSUE TITLE: Increase the County Contribution for Medicaid Nursing Home Care

ISSUE SUMMARY: This issue recommends an increase in the statutorily mandated contribution that counties are required to make for nursing home and intermediate care facilities. Counties are currently required to participate for 35 percent of the total cost of Medicaid payments for nursing home and intermediate care facilities in excess of $170 per month, with the exception that a county's contribution may not exceed $55 per month per person. This issue recommends increasing the limitation to $202 per person per month. This will result in a reduction to General Revenue by $66.6 million.

ISSUE DETAIL: Section 409.915, Florida Statutes, requires counties to contribute to the state share of the Medicaid cost of providing hospital inpatient services and nursing home or intermediate care facilities. Counties must pay 35 percent of the total Medicaid cost for inpatient hospitalization in excess of 10 days, but not in excess of 45 days. The Medicaid inpatient cost for pregnant women and children whose income is in excess of the federal poverty level and who do not participate in the Medically Needy program is excluded. Counties are also excluded from contributing to the cost of eliminating certain hospital reimbursement ceilings and special Medicaid payments.

Counties must pay 35 percent of the total cost for Medicaid payments for nursing home or intermediate care facilities care in excess of $170 per month except that the cost of skilled nursing care for children under age 21 is excluded from county participation. County financial participation for nursing home or intermediate care is further limited to no more than $55 per month per person.

The county participation for nursing home or intermediate facilities payments has not been increased since the Medicaid program was implemented in Florida in 1970. Prior to the implementation of the Medicaid program, counties were paying for nursing home care for many of their low-income residents. The implementation of Medicaid gave Florida the opportunity to draw down federal dollars using the counties' contributions as a portion of the state match.

However, the required county financial participation in the Medicaid cost of providing nursing home and intermediate care facilities has not kept pace with the total increases experienced by the Medicaid program for these services. The average Medicaid monthly cost per person for nursing facilities has increased substantially each year while the $55 limit per person per month for the county contribution has remained constant. The county billing limit as a percent of the average Medicaid cost per person per month went from over 10 percent of the total Medicaid cost in FY 1978-79 to approximately 1.20 percent by FY 2007-08. The following shows the increase in average Medicaid cost per person per month and the decrease in the counties' contributions as a percent of the average Medicaid cost.

Fiscal Year	Average Medicaid Cost Per Person Per Month	County Contribution Limit Per Person Per Month	Percent of Medicaid Cost

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
NURSING HOME COUNTY BILLING INCREASE, FUND SHIFT			1	33B2480

1978-79	$521.06	$55	10.56%
1979-80	$584.07	$55	9.42%
1980-81	$653.70	$55	8.41%
1981-82	$704.78	$55	7.80%
1982-83	$775.69	$55	7.09%
1983-84	$928.55	$55	5.92%
1984-85	$1,024.73	$55	5.37%
1985-86	$1,104.47	$55	4.98%
1986-87	$1,189.79	$55	4.62%
1987-88	$1,298.09	$55	4.24%
1988-89	$1,370.71	$55	4.01%
1989-90	$1,426.66	$55	3.86%
1990-91	$1,623.76	$55	3.39%
1991-92	$1,739.22	$55	3.16%
1992-93	$1,934.00	$55	2.84%
1993-94	$1,998.33	$55	2.75%
1994-95	$2,075.12	$55	2.65%
1995-96	$2,184.66	$55	2.52%
1996-97	$2,233.46	$55	2.46%
1997-98	$2,376.17	$55	2.31%
1998-99	$2,501.63	$55	2.20%
1999-00	$2,757.31	$55	1.99%
2000-01	$2,999.43	$55	1.83%
2001-02	$3,266.13	$55	1.68%
2002-03	$3,652.91	$55	1.51%
2003-04	$3,870.71	$55	1.42%
2004-05	$3,890.60	$55	1.41%
2005-06	$4,083.80	$55	1.35%
2006-07	$4,257.63	$55	1.29%
2007-08	$4,583.57	$55	1.20%
2008-09 (Estimated)	$4,799.75	$55	1.15%
2009-10 (Estimated)	$5,455.42	$55	1.01%
2010-11 (Estimated)	$5,483.85	$55	1.00%

The total amount billed to counties has increased from $13.3 million in FY 1982-83 to $25.3 million in FY 2007-08, but as a percentage of the total Medicaid cost for nursing homes, the total billings have gone from 6.6 percent to less than 2 percent.

Fiscal Year	Total Medicaid Cost for Nursing Home Care	Amount Billed Counties	Amount Billed to Counties as Percent of Total Cost

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
NURSING HOME COUNTY BILLING INCREASE, FUND SHIFT			1	33B2480

1982-83	$200,938,757	$13,291,257	6.61%
1983-84	$256,112,509	$14,699,252	5.74%
1984-85	$304,504,726	$16,094,912	5.29%
1985-86	$354,878,544	$17,403,049	4.90%
1986-87	$415,645,051	$19,181,044	4.62%
1987-88	$493,762,150	$21,040,954	4.26%
1988-89	$543,460,728	$22,969,539	4.23%
1989-90	$616,298,806	$23,366,172	3.79%
1990-91	$758,982,651	$26,022,277	3.43%
1991-92	$855,278,015	$27,494,257	3.21%
1992-93	$987,290,516	$28,825,087	2.92%
1993-94	$1,043,439,021	$29,454,457	2.82%
1994-95	$1,110,158,488	$30,212,168	2.72%
1995-96	$1,194,738,895	$29,777,110	2.49%
1996-97	$1,241,232,796	$29,457,446	2.37%
1997-98	$1,329,864,014	$30,519,618	2.29%
1998-99	$1,393,357,698	$31,941,678	2.29%
1999-00	$1,552,044,721	$32,416,611	2.09%
2000-01	$1,693,767,364	$32,775,288	1.94%
2001-02	$1,837,866,321	$32,808,263	1.79%
2002-03	$2,091,099,715	$32,952,176	1.59%
2003-04	$2,238,956,267	$34,254,759	1.53%
2004-05	$2,216,008,576	$33,470,219	1.51%
2005-06	$2,296,156,032	$33,039,267	1.44%
2006-07	$2,342,856,744	$32,728,133	1.40%
2007-08	$2,369,245,469	$25,349,940	1.07%
2008-09 (Estimate)	$2,488,017,780	$25,421,880	1.02%
2009-10 (Estimate)	$2,731,595,595	$24,555,960	0.90%
2010-11 (Estimate)	$2,784,525,092	$24,902,460	0.89%

Following the direction of the 2002 Legislature, the Office of Program Policy Analysis and Governmental Accountability (OPPAGA) assessed options to the current counties' contribution to Medicaid nursing home costs. In February 2003, OPPAGA released Report No. 03-11, "Legislative Options for County Share of Medicaid Nursing Home Costs". The report included three options for county funding of Medicaid nursing home care: setting the county contribution at 1.5 percent; equally splitting the projected cost increase between state and counties; or fixing the county contribution rate at 10 percent.

This issue proposes to increase the county participation limit by $147 per resident per month from the current $55 per person per month to $202 per person per month.

It is estimated that the increase in the county contribution limit will cost the counties an additional $66.6 million each year. Applying the proposed $202 per person maximum limit to FY 2010-11, the limit as a percent of the Medicaid

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
NURSING HOME COUNTY BILLING INCREASE, FUND SHIFT			1	33B2480

average per person cost is estimated to be about 3.7 percent. This would increase the county contribution as a percent of total cost to percentage levels comparable to those experienced over a decade ago.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY: Revenues collected from counties under the provisions of s. 409.915, Florida Statutes, are deposited into the General Revenue Fund unallocated. Currently, there is no direct impact on the Medicaid budget for county contributions under s. 409.915, F.S. If the General Revenue appropriated to the Medicaid budget is reduced to reflect the additional revenues estimated to be generated by this issue, trust fund budget must be appropriated and the additional revenue must be retained by the Agency.

Additional Revenue - General Revenue Unallocated:

Estimated Average Monthly County Billing Caseload for Nursing Homes	37,731
Additional County Billing per Person	$147
Estimated Total Additional Annual County Billing	$66,557,484

Health Care Services (68500000)
Medicaid Long Term Care (68501500)
Long Term Care (1303000000)

Nursing Home Care (102233)

General Revenue (FSI 2)	($66,557,484)
Medical Care Trust Fund (FSI 2)	$66,557,484

SOURCE OF FUNDS:

County Contributions - Section 409.915, F.S.	$66,557,484

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	POS	AMOUNT	PRIORITY	CODES
ELIMINATION OF THE PODIATRIST PROGRAM			2	33B2490
GENERAL REVENUE FUND		1,391,209-		1000
TRUST FUNDS		1,721,638-		2000
TOTAL ISSUE.............		3,112,847-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of the Podiatrist Program

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF THE PODIATRIST PROGRAM			2	33B2490

ISSUE SUMMARY: This budget reduction issue proposes elimination of podiatrist services as a covered Medicaid benefit.

ISSUE DETAIL: Podiatrists treat corns, calluses, ingrown toenails, bunions, heel spurs, and arch problems; ankle and foot injuries, deformities, and infections; and foot complaints associated with diabetes and other diseases. They perform surgery and prescribe drugs along with physical therapy to treat these problems. Under Medicaid, podiatrist services are not a mandatory benefit, but rather an optional service. It is within each state’s discretion whether to include podiatrist services as a covered Medicaid benefit. Currently 30 state Medicaid programs cover podiatrist services.

For Fiscal Year 10-11, there will be an estimated 21,990 individuals who would utilize this optional service. Of this number an estimated 4,001 individuals are children and an estimated 17,989 are adults. This would require an amendment of the Florida Medicaid State Plan and legislative approval including a revision to Florida Statutes. Additionally, this would require a change to Florida Administrative Code for deletion of the Podiatrist Services Coverage and Limitations Handbook rule.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Physician Services (102541)	
General Revenue (FSI 2)	($1,391,209)
Medical Care Trust Fund (FSI 3)	($1,711,443)
Refugee Assistance Trust Fund (FSI 3)	($10,195)
Issue Total	($3,112,847)

SOURCE OF FUNDS:
General Revenue (State 44.69%)
Medical Care Trust Fund (Federal 54.98%)
Refugee Assistance Trust Fund (Federal 0.33%)

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	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF THE CHIROPRACTIC PROGRAM			3	33B2500
GENERAL REVENUE FUND		521,123-		1000
TRUST FUNDS		644,897-		2000
TOTAL ISSUE.............		1,166,020-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of the Chiropractic Program

ISSUE SUMMARY: This budget reduction issue proposes elimination of chiropractic services as a covered Medicaid benefit.

ISSUE DETAIL: Chiropractors treat neuromusculoskeletal disorders and related clinical conditions including back pain, neck pain, and headaches. Under Medicaid, chiropractic services are not a mandatory benefit, but rather an optional service. It is within each state's discretion whether to include chiropractic services as a covered Medicaid benefit. Currently 30 state Medicaid programs cover chiropractic services. Chiropractic care does not take the place of medically necessary physician services such as orthopedic, neurological, and pain management services utilized by beneficiaries with chronic conditions such as headache, neck and back pain.

For Fiscal Year 10-11, there will be an estimated 8,777 individuals who would utilize this optional service. Of this number an estimated 2,765 individuals are children and an estimated 6,012 are adults. This would require amendment of the Florida Medicaid State Plan and legislative approval including a revision to Florida Statutes. Additionally, this would require a change to Florida Administrative Code for deletion of the Chiropractic Services Coverage and Limitations Handbook rule.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Physician Services (102541)	
General Revenue (FSI 2)	($521,123)
Medical Care Trust Fund (FSI 3)	($641,078)
Refugee Assistance Trust Fund (FSI 3)	($3,819)
Issue Total	($1,166,020)

SOURCE OF FUNDS:
General Revenue (State 44.69%)

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
ELIMINATION OF THE CHIROPRACTIC PROGRAM		3	33B2500
Medical Care Trust Fund (Federal 54.98%)			
Refugee Assistance Trust Fund (Federal 0.33%)			
ELIMINATION OF ADULT VISION AND HEARING SERVICES		4	33B2510
GENERAL REVENUE FUND	6,067,218-		1000
TRUST FUNDS	7,696,851-		2000
TOTAL ISSUE.............	13,764,069-		

SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of Adult Vision and Hearing Services

ISSUE SUMMARY: This budget reduction issue proposes termination of coverage of routine vision and hearing services for adult beneficiaries.

ISSUE DETAIL: Prior to July 1, 2006, Medicaid limited reimbursement for adult hearing services to hearing diagnostic testing when performed for medical diagnoses. Medicaid did not cover hearing services related to hearing aid candidacy. Vision services for adults was limited to contact lenses for more complex vision problems that are not corrected with regular eyeglasses or lenses, and prosthetic eye services when medically necessary. On July 1, 2006, the Legislature restored vision and hearing services to include routine exams and fitting, dispensing, and repair of eyeglasses for adult beneficiaries. The bill also restored coverage for hearing aid services for adult beneficiaries.

For Fiscal Year 10-11, there will be an estimated 753,545 individuals eligible to use these optional services and the projected cost for these services is $13,764,069. The expected savings would be equal to that amount. Cessation of this coverage would require a State Plan amendment and legislative approval. Additionally, this would require a change to Florida Administrative Code for revision of the Vision Services Coverage and Limitations Handbook, and the Hearing Services Coverage and Limitations Handbook.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11 Recurring

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT		PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF ADULT VISION AND HEARING SERVICES			4	33B2510
Special Category:				
Adult Vision/Hearing Services (100062)				
General Revenue (FSI 2)		($6,067,218)		
Medical Care Trust Fund (FSI 3)		($7,409,500)		
Refugee Assistance Trust Fund (FSI 3)		($287,351)		
Issue Total		($13,764,069)		

SOURCE OF FUNDS:
General Revenue (State 44.08%)
Medical Care Trust Fund (Federal 53.83%)
Refugee Assistance Trust Fund (Federal 2.09%)

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	POS AMOUNT	PRIORITY	CODES
DISCONTINUE COVERAGE OF ADULT DENTAL SERVICES FOR PARTIAL DENTURES		5	33B2520
GENERAL REVENUE FUND	368,703-		1000
TRUST FUNDS	457,148-		2000
TOTAL ISSUE.............	825,851-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: TITLE: Discontinue Coverage of Adult Dental Service for Partial Dentures

ISSUE SUMMARY: Prior to July 1, 2006, Medicaid limited reimbursement for dental services to emergency dental services and full dentures. Beginning July 1, 2006, the Legislature authorized Medicaid coverage of partial denture services for adults.

ISSUE DETAIL: This budget reduction issue proposes termination of coverage for adult partial dentures for beneficiaries 21 and over. The projected cost for these services for fiscal year 10-11 is $825,851. The expected savings would be equal to that amount. There will be an estimated 1,987 individuals who would utilize this optional service. Cessation of this coverage would require a State Plan amendment and legislative approval. Additionally, this would require a change to Florida Administrative Code for revision of Dental Services Coverage and Limitations Handbook.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
DISCONTINUE COVERAGE OF ADULT DENTAL SERVICES FOR PARTIAL DENTURES		5	33B2520

Health Services to Individuals (1301000000)

FY 10-11 Recurring

Special Category:
Adult Dental Services (100903)

General Revenue (FSI 2)	($368,703)
Medical Care Trust Fund (FSI 3)	($450,273)
Refugee Assistance Trust Fund (FSI 3)	($6,875)
Issue Total	($825,851)

SOURCE OF FUNDS:
General Revenue (State 44.65%)
Medical Care Trust Fund (Federal 54.82%)
Refugee Assistance Trust Fund (Federal 0.84%)

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	POS AMOUNT	PRIORITY	CODES
ELIMIINATION OF ADULT DENTAL SERVICES		6	33B2530
GENERAL REVENUE FUND	7,261,269-		1000
TRUST FUNDS	9,003,102-		2000
TOTAL ISSUE.............	16,264,371-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of Adult Dental Services

ISSUE SUMMARY: This budget reduction issue proposes termination of coverage for adult dental services for beneficiaries 21 and over. Coverage for adult partial dentures for beneficiaries 21 and over is included in adult dental services.

ISSUE DETAIL: Prior to July 1, 2006, Medicaid limited reimbursement for dental services to emergency dental services and full dentures. On July 1, 2006, the Legislature authorized Medicaid coverage of partial denture services for adults.

For Fiscal Year 10-11, there will be an estimated 753,545 individuals eligible to use these optional services and the projected cost for these services is $16,264,371. The expected savings would be equal to that amount. Cessation of this coverage would require a State Plan amendment and legislative approval. Additionally, this would require a change to

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
ELIMIINATION OF ADULT DENTAL SERVICES		6	33B2530

Florida Administrative Code for revision of Dental Services Coverage and Limitations Handbook.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Adult Dental Services (100903)	
General Revenue (FSI 2)	($7,261,269)
Medical Care Trust Fund (FSI 3)	($8,867,713)
Refugee Assistance Trust Fund (FSI 3)	($135,389)
Issue Total	($16,264,371)

SOURCE OF FUNDS:
General Revenue (State 44.65%)
Medical Care Trust Fund (Federal 54.52%)
Refugee Assistance Trust Fund (Federal 0.84%)

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	POS AMOUNT	PRIORITY	CODES
ELIMINATION OF HOSPICE SERVICES		7	33B2540
GENERAL REVENUE FUND	33,384,340-		1000
TRUST FUNDS	40,778,980-		2000
TOTAL ISSUE.............	74,163,320-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of Hospice Services

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to eliminate coverage of hospice services as a covered Medicaid benefit for beneficiaries who do not reside in a nursing home which would have any impact of $29.1 million in General revenue and $45.0 million in Trust Funds for a total reduction of $74.2 million. Beneficiaries who reside in a nursing home and receive hospice services would continue to do so.

ISSUE DETAIL: For Fiscal Year 10-11, there will be an estimated 2,159 individuals using these optional services. Hospice

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
ELIMINATION OF HOSPICE SERVICES		7	33B2540

services are forms of palliative health care and support services for terminally ill patients and their families. The services are administered by a hospice agency and coordinated by the hospice nurse assigned to the patient.

The elimination of hospice services will provide an estimated total impact of ($74,163,320). This estimate is based on a 12 month period beginning January 1, 2011. Without hospice services individuals who were using these services would end up being seen in an emergence room and hospital inpatient stays would increase. A portion of these individuals would end up in a nursing home.

This would require an amendment of the Florida Medicaid State Plan and legislative approval including a revision to Florida Statutes.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Hospice Services (101575)	
General Revenue (FSI 2)	($33,384,340)
Medical Care Trust Fund (FSI 3)	($40,770,125)
Refugee Assistance Trust Fund (FSI 3)	($8,855)
Issue Total	($74,163,320)

SOURCE OF FUNDS:
General Revenue (State 45.01%)
Medical Care Trust Fund (Federal 54.97%)
Refugee Assistance Trust Fund (Federal 0.01%)

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	POS AMOUNT	PRIORITY	CODES
CHILDRENS MEDICAL SERVICES PRIMATY CARE CENTER TARGETED CASE MANAGEMENT FEE REDUCTION		8	33B2550
GENERAL REVENUE FUND	1,128,526-		1000
TRUST FUNDS	1,378,196-		2000
TOTAL ISSUE.............	2,506,722-		

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
CHILDRENS MEDICAL SERVICES PRIMATY CARE CENTER TARGETED CASE MANAGEMENT FEE REDUCTION			8	33B2550

SCH VIIIB-2 NARR 10-11 NOTES:

ISSUE TITLE: CMS Primary Care Center TCM Fee Reduction

ISSUE SUMMARY: The CMS primary care TCM program is still being guided by the Florida Medicaid Provider Handbook dated April 1995. This handbook stats that TCM services can be provided to individuals who are age 0-21 and meet the medical eligibility criteria of CMS, the state's title V agency; are enrolled in the SSI-Disabled Children's Program; or are age 21 and over with a serious handicapping condition and had received services from CMS prior to their 21st birthday.

ISSUE DETAIL: This program leads to duplicate billing and overpayment for several reasons. First, Medicaid is paying $2.00 per child enrolled in MediPass to primary care physicians to provide case management services. Next, many of these children are receiving case management functions through a state-employed CMS nurse case manager, who is being paid under the CMS administrative claiming program. Finally, there may be children receiving this service who do not qualify for it, under the criteria listed above.

This summary proposes eliminating the CMS primary care center TCM program. This reduction would not require a change in statute.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 09-10	Recurring
Special Category:	
Case Management (100311)	
General Revenue (FSI 2)	($1,128,526)
Medical Care Trust Fund (FSI 3)	($1,378,196)
Issue Total	($2,506,722)

SOURCE OF FUNDS:
General Revenue (State 45.02%)
Medical Care Trust Fund (Federal 54.98%)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
COST REDUCTION FOR BEHAVIORAL HEALTH OVERLAY SERVICES			9	33B2560
GENERAL REVENUE FUND		1,535,251-		1000
TRUST FUNDS		1,874,902-		2000
TOTAL ISSUE............		3,410,153-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Cost Reduction for Behavioral Health Overlay Services

ISSUE SUMMARY: For the fiscal year 07-08 expenditures for Behavioral Health Overlay Services for youth in the juvenile justice settings was $14,815,436 and for youth in a child welfare setting was $9,055,637 for a total of $23,871,072 reimbursed by Medicaid. The proposed reduction is to limit the delivery of BHOS services to six days a week for a savings of $3,410,153. This change would require a change to the handbook or a legislative mandate which restricts the number of days that this service can be provided. As these providers are allowed to bill for auxiliary services, the Agency would additionally need to restrict the providers from billing for any other mental health treatment service on the seventh day.

ISSUE DETAIL: Behavioral health overlay services are mental health and substance abuse services for children and adolescents who reside in residential settings that are under contract with Child Welfare privatized providers or the Department of Juvenile Justice. The purpose of behavioral health overlay services is to address, on-site and on a child specific basis, medically necessary mental health and substance abuse treatment needs of children who are placed in these residential group care settings. Additionally, these services provide support to children and youth in these residential settings in order to avoid a more intensive level of care and, particularly for youth in the Juvenile Justice system to increase the chances of a more successful reintegration into the community.

Behavioral health overlay services (BHOS) are statutorily excluded from managed care. They are reimbursed to providers at a per diem fee-for-service rate excluding room and board and may be billed 365 days a year or 7 days per week. The BHOS rate includes clinical and supportive services only. Medicaid also allows BHOS providers to deliver many services that are reimbursed fee-for-service in conjunction with BHOS. This proposal would act to reduce the number of days per week that providers can be reimbursed for this service from 7 days per week to 6 days per week.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11 Recurring

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
COST REDUCTION FOR BEHAVIORAL HEALTH OVERLAY SERVICES			9	33B2560

Special Category:
Therapeutic Services for Children (100436)

General Revenue (FSI 2)	($1,535,251)
Medical Care Trust Fund (FSI 3)	($1,874,902)
Issue Total	($3,410,153)

SOURCE OF FUNDS:
General Revenue (State 45.02%)
Medical Care Trust Fund (Federal 54.98%)

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	POS	AMOUNT	PRIORITY	CODES
ELIMINATE FIVE FULL TIME EQUIVALENT (FTE) FROM ADMINISTRATION AND SUPPORT			10	33B2570
GENERAL REVENUE FUND		57,070-		1000
TRUST FUNDS		275,073-		2000
TOTAL POSITIONS.........	5.00-			
TOTAL ISSUE.............		332,143-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Salary and Benefits and Contracted Services Budget Reduction

ISSUE SUMMARY: Due to a proposed 10% budget reduction required of state agencies, the Agency for Health Care Administration is reducing budget in salary and benefits and contracted services categories.

ISSUE DETAIL: The Agency recommends a reduction of $317,842 from the budget, of which $262,562 would come from Administrative Trust Fund and $55,280 from General Revenue.

BUDGET SUMMARY:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2010-11 TOTAL
								$(66,370)		$(66,370)
Adm Secretary	0108	012	(2)	$(45,080)	$(70,800)					$(70,800)
Dir of Adm Services	9758	930	(1)	$(54,437)	$(74,437)					$(74,437)
Gov Analyst II	2225	026	(1)	$(46,381)	$(63,466)					$(63,466)
Mgmt Rev Spec - SES	2239	424	(1)	$(40,948)	$(57,070)					$(57,070)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY		CODES
AGENCY/HEALTH CARE ADMIN					68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING					33B0000
ELIMINATE FIVE FULL TIME EQUIVALENT (FTE) FROM ADMINISTRATION AND SUPPORT			10		33B2570

Total $(186,846) $(251,472) $(66,370) $(332,143)

Administrative and Support Services (68200000)
Executive Leadership/Support Services (1602000000)

	Recurring FY 10-11	Non Recurring FY 10-11	Total FY 10-11
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 1)	$(57,070)		$(57,070)
Administrative Trust Fund 2021 (FSI 1)	$(208,703)		$(196,192)
Total	$(265,773)		$(265,773)
Special Category:			
Contracted Services (100777)			
Administrative Trust Fund (FSI 1)	$(66,370)		$(66,370)
Issue Total	$(332,143)		$(332,143)

SOURCE OF FUNDS:
General Revenue (17%)
Administrative Trust Fund (83%)
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	POS	AMOUNT	PRIORITY	CODES
BRING THE CALL CENTER IN-HOUSE			11	33B2590
TRUST FUNDS.....................		354,273-		2000

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: State Operation of Facilities Call Center

ISSUE SUMMARY: Operation of the Agency Call Center utilized for facility, Health Maintenance Organization, Medicaid Fraud Complaints and Medicaid information is currently under contract to a private entity. The contract expired and has been extended. A Request for Proposal (RFP) was advertised. There was one bidder. The RFP was for a one year contract. As of yet, there is no new contract.

ISSUE DETAIL: The current annual cost of the Call Center Contract is $1,050,482.40. It is proposed that the Call Center

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
BRING THE CALL CENTER IN-HOUSE			11	33B2590

be brought in-house for 2010-2011. The Agency anticipates the first year cost would be $696,208. This $696,208 includes: $541,008 funding associated with 10 new FTEs, $50,000 in recurring expense budget to cover the cost of printing and postage associated with publication distribution; $105,200 in contract services budget to cover $40,000 start-up cost (non-recurring) and $65,200 recurring for the purchase and installation of a telephone system. If accepted, our first year savings will be $354,273 and subsequent years' savings would be $425,274. Bringing operation of the Call Center in-house will increase the quality of complaint intake, improve efficiency and reduce costs to the state.

BUDGET SUMMARY:

Health Care Regulation (68700700)
Facility regulation (1204010000)

FY 10-11	Recurring	Non Recurring
Special Category:		
Contracted Services (100777)		
Health Care Trust Fund (2003 1)	$(148,795)	
Health Care Trust Fund (2003 2)	$(7,085)	
Health Care Trust Fund (2003 3)	$(198,393)	
Issue Total	$(354,273)	

SOURCE OF FUNDS:
Health Care Trust Fund (100%)

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	AMOUNT	PRIORITY	CODES
DELETE THE QUALITY OF LONG-TERM CARE FACILITY IMPROVEMENT TRUST FUND		12	33B2600
TRUST FUNDS.....................	1,000,000-		2000
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SCH VIIIB-2 NARR 10-11 NOTES:

ISSUE TITLE: Bureau of Long Term Care, Quality of Long-Term Care Facility Improvement Trust Fund

ISSUE SUMMARY: Deletion of the Quality of Long-Term Care Facility Improvement Trust Fund authorized by Section 400.0239, Florida Statutes

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
DELETE THE QUALITY OF LONG-TERM CARE FACILITY IMPROVEMENT TRUST FUND		12	33B2600

ISSUE DETAIL: In order to meet budgetary shortfalls, the only recurring funds in the Bureau of Long Term Care Services that can be targeted without harming licensure and other regulatory requirements are found in the Quality of Long-Term Care Facility Improvement Trust Fund authorized by Section 400.0239, Florida Statutes. Budget authority for these dollars is recurring and changes in the statute would be required for elimination of the trust fund. Nursing home improvement dollars are deposited into the Health Care Trust Fund and are derived from federal civil money penalty receipts. These funds can only be used for projects related to care improvement in nursing homes. While the funds are useful and have helped nursing facilities improve care in unexpected ways in the past, they are not critical to maintenance of nursing home quality requirements nor would their loss cripple regulatory efforts.

BUDGET SUMMARY:

Health Care Regulation (68700700)
Facility Regulation (1204010000)

FY 10-11	Recurring	Non Recurring	Total
Special Category:			
Contracted Services (100777)			
Quality of Long Term Care Trust Fund (2126-3)	$(1,000,000)	$	$1,000,000
Issue Total	$(1,000,000)	$	$1,000,000

SOURCE OF FUNDS:
100% Quality of Long Term Care Trust Fund (2126)
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	POS AMOUNT	PRIORITY	CODES
DECREASE THE EMERGENCY ALTERNATIVE PLACEMENT ALLOCATION		13	33B2610
TRUST FUNDS....................	470,091-		2000
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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Emergency Alternative Placement Reduction

ISSUE SUMMARY: Decrease the Emergency Alternative Placement allocation

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
DECREASE THE EMERGENCY ALTERNATIVE PLACEMENT ALLOCATION			13	33B2610

ISSUE DETAIL: To address budgetary shortfalls, and given the historical use of funds from for emergency alternative placements, a reduction of $470,091 could be taken. The remaining $806,629 would allow for approximately four nursing home receiverships and exceeds any previous year's spending. The proposed reduction would require an amendment to Section 400.062, Florida Statutes.

BUDGET SUMMARY:

Health Care Regulation (68700700)
Facility Regulation (1204010000)

Emergency Alternative Placement (101113)	
Health Care Trust Fund (2003-1)	$(470,091)
Issue Total	$(470,091)

SOURCE OF FUNDS:
Health Care Trust Fund (100%)

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	POS	AMOUNT	PRIORITY	CODES
COLLECTION OF MANUFACTURER REBATES ON J-CODE			14	33B2620
GENERAL REVENUE FUND		762,860-		1000
TRUST FUNDS		762,860		2000
TOTAL ISSUE.............				

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SCH VIIIB-2 NARR 10-11 NOTES:

ISSUE TITLE: Collection of Manufacturer Rebates on J-code (Injectable) drugs billed through Physician Services

ISSUE SUMMARY: The claim processing system is being enhanced to capture specific, validated National Drug Code (NDC) information for each claim paid through Physician Services for injectable drugs. This NDC-specific information can then be used by the rebate invoicing vendor to bill manufacturers for rebates on these drugs. In the past, the necessary NDC data has not been captured in sufficient detail to bill the manufacturers for all claims of this type.

ISSUE DETAIL: In accordance with the federal Deficit Reduction Act of 2005, all State Medicaid programs must require providers to submit the specific National Drug Code (NDC) for physician administered drugs on the reimbursement claims

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
COLLECTION OF MANUFACTURER REBATES ON J-CODE			14	33B2620

for the service. Most claims for injectable medications that have been administered in dialysis units and physician offices submitted to Florida Medicaid now contain NDC information along with the J-code. However, requiring NDC numbers for hospital outpatient and Medicare B crossover claims for physician administered drugs is not currently required but the necessary programming in the fiscal agent claim system to require and validate this information (to make sure the specific NDC is valid for the J-code service billed) is well underway.

After claims are paid for these drugs, the data is transferred to the Agency's rebate invoicing vendor, Unisys. Unisys is responsible for invoicing drug manufacturers for both federal and state supplemental rebates; ensuring that collections are properly posted at the NDC level in AHCA finance and accounting, and resolving any rebate disputes that arise with drug manufacturers.

There are two ways to potentially increase rebate revenue:

Current Issue	Process Enhancement Required	Potential Additional Rebate
NDC not validated to J-code Submitted on claim	Implement J-code to NDC validation in claim system edits	$322,299 annually
NDC not submitted on Medicare Crossover claims	Require NDC for payment on crossover claims; subject to NDC validation	$1,374,191 annually
Total		$1,694,490 annually

Due to approximately nine months lag time between claim payment and eventual receipt of rebate revenue (due to federal rules regarding quarterly rebate invoicing and payment), necessary system enhancements must be operational by 1/1/10 to realize three quarters of rebate revenue during state fiscal year 2010-2011.

This issue is not a reduction to the retail expenditure for Physician Services claims, but would allow the state to collect rebate cash to be used as an offset to General Revenue expenditures. The federal share of the total potential additional rebate revenue collected would offset the Medical Care Trust Fund for an amount of $931,630. The state share of $762,860 is the amount that would offset General Revenue. These are annualized amounts.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Prescribed Medicine/Drugs (102681)	
General Revenue (FSI 2)	($762,860)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
COLLECTION OF MANUFACTURER REBATES ON J-CODE			14	33B2620
Medical Care Trust Fund (FSI 3)		($931,630)		
Grants and Donations Trust Fund (FSI 2)		$1,694,490		
Issue Total		$0		

SOURCE OF FUNDS:
General Revenue (45.02%)
Medical Care Trust Fund (Federal 54.98%)
Grants and Donations Trust Fund (100%)

****

	POS	AMOUNT	PRIORITY	CODES
ELIMINATE MEDIPASS			15	33B2630
GENERAL REVENUE FUND		8,676,800-		1000
TRUST FUNDS		10,652,215-		2000
TOTAL ISSUE.............		19,329,015-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Eliminate MediPass

ISSUE SUMMARY: The MediPass Program was authorized under 409.9121 and 409.9122 F.S., 42 CFR 431.55(c), 42 CFR 438, and 59G.8.400, Florida Administrative Code. As a result, in March 1989, the state of Florida requested federal approval of a waiver under Section 1915 (b)(1) of the Social Security Act. Florida specifically requested the waiver of Section 1902 (a)(1) statewideness; 1902 (a)(10) comparability of services; and 1902 (a)(23) freedom of choice of providers in order to implement the Medicaid Provider Access System, or MediPass. Approval of this waiver was initially granted by the Health Care Financing Administration (HCFA) in January 1990.

ISSUE DETAIL: MediPass is a primary care case management program for Medicaid beneficiaries administered by the Florida Medicaid program. MediPass was established to encourage more efficient health care delivery and coordination of services for Medicaid enrollees. In this model of health care delivery, each participating Medicaid enrollee selects or is assigned to a primary care provider who renders primary care services, 24-hour access to care, and referral and authorization for specialty services. This improves access to and continuity of care, promotes a primary care physician relationship, promotes the educational and preventive aspects of health care, and reduces the inappropriate use of medical services thus reducing Medicaid costs.

Low-income families with children (identified as beneficiaries of Temporary Assistance for Needy Families TANF receiving cash grants or beneficiaries of TANF-related Medical Assistance Only) may participate in MediPass, as well as

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATE MEDIPASS			15	33B2630

individuals receiving Supplemental Security Income (SSI) without Medicare coverage. Foster care beneficiaries and subsidized adoption beneficiaries are also eligible for MediPass. Medicaid beneficiaries maintain all customary Medicaid benefits while enrolled in MediPass.

Medicaid-enrolled primary care providers enter into an Agreement with MediPass to deliver and coordinate health care for patients. MediPass primary care providers are responsible for the treatment of illness and injury, coordination of needed specialty care and other health services, and overall health maintenance of their enrolled patients.

MediPass providers receive a $2.00 monthly management fee for each enrollee who selects or is assigned to them in addition to regular Medicaid fee-for-service reimbursement for health care services rendered. The $2.00 monthly management fee was reduced from $3.00 to $2.00 effective September 1, 2008.

This is the estimate for eliminating the MediPass $2.00 per member per month case management fee. The reduction in the MediPass $2.00 fee will result in a reduction in the MediPass network and negatively impact access to care. Also, consideration needs to be given to all programs impacted by the reduction in the MediPass $2.00 per member per month case management fee, i.e children’s medical services, healthy start, etc. For Fiscal Year 10-11, there will be an estimated 962,740 individuals eligible to use these optional services and the projected cost for these services is $19,329,015.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
MediPass Services (103558)	
General Revenue (FSI 2)	($8,676,800)
Medical Care Trust Fund (FSI 3)	($10,598,351)
Refugee Assistance Trust Fund (FSI 3)	($53,864)
Issue Total	($19,329,015)

SOURCE OF FUNDS:
General Revenue (State 44.89%)
Medical Care Trust Fund (Federal 54.83%)
Refugee Assistance Trust Fund (Federal 0.28%)
****

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
REDUCE CLINIC SERVICES BY TEN PERCENT		16	33B2640
GENERAL REVENUE FUND	7,018,614-		1000
TRUST FUNDS	8,623,360-		2000
TOTAL ISSUE............	15,641,974-		

SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: County Health Departments Rate Reduction of Ten Percent

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to reduce the reimbursement rates for County Health Departments by 10 percent. This would reduce General Revenue by $7.2 million and Federal Funds by $8.6 million for a total reduction of $15.6 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that price level reduction adjustment of 10 percent be made to reduce the County Health Departments.

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

CLINIC SERVICES		10%	Reduction
Medicaid Caseload	1,040,154	1,040,154	
Medicaid Utilization Rate	5.20%	5.20%	
Medicaid Services Per Month	54,080	54,080	
Medicaid Unit Cost	$181.66	$163.31	($18.35)
Medicaid Total Cost	$117,887,853	$105,981,180	($11,906,673)
PREPAID HEALTH PLAN			
Caseload	1,262,088	1,262,088	
Unit Cost	$190.79	$190.55	($0.25)
Total Cost	$2,889,552,391	$2,885,817,090	($3,735,301)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11 Recurring

Special Category:

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
REDUCE CLINIC SERVICES BY TEN PERCENT			16	33B2640
Clinic Services (103742)				
General Revenue (FSI 2)		($5,343,273)		
Medical Care Trust Fund (FSI 3)		($6,525,391)		
Refugee Assistance Trust Fund (FSI 3)		($38,009)		
Total		($11,906,673)		
Prepaid Health Plans (102673)				
General Revenue (FSI 2)		($1,675,341)		
Medical Care Trust Fund (FSI 3)		($2,045,986)		
Refugee Assistance Trust Fund (FSI 3)		($13,974)		
Total		($3,735,301)		
Issue Total				
General Revenue (FSI 2)		($7,018,614)		
Medical Care Trust Fund (FSI 3)		($8,571,377)		
Refugee Assistance Trust Fund (FSI 3)		($51,983)		
Issue Total		($15,641,974)		

SOURCE OF FUNDS:
General Revenue (State 44.87%)
Medical Care Trust Fund (Federal 54.80%)
Refugee Assistance Trust Fund (Federal 0.33%)

****

	POS	AMOUNT	PRIORITY	CODES
HOSPITAL INPATIENT RATE REDUCTION OF TEN PERCENT			17	33B2650
GENERAL REVENUE FUND		168,758,071-		1000
TRUST FUNDS		206,751,732-		2000
TOTAL ISSUE.............		375,509,803-		

****

SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Hospital Inpatient Rate Reduction of Ten Percent

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to reduce the reimbursement rates for Hospital Inpatient Services by 10 percent. This would reduce General Revenue by $168.8 million and Federal Funds by $206.7 million for a total reduction of $375.5 million.

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
HOSPITAL INPATIENT RATE REDUCTION OF TEN PERCENT			17	33B2650

ISSUE DETAIL: The Agency for Health Care Administration is recommending that price level reduction adjustment of 10 percent be made to reduce the Hospital Inpatient Services.

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

HOSPITAL INPATIENT SERVICES		10%	Reduction
Medicaid Caseload	1,040,154	1,040,154	
Medicaid Utilization Rate	2.63%	2.63%	
Medicaid Admissions Per Month	27,369	27,369	
Medicaid Days Per Admission	4.67	4.67	
Medicaid Per Diem	$1,644	$1,478	($166)
Medicaid Total Cost	$2,522,808,978	$2,268,005,271	($254,803,707)
PREPAID HEATLH PLANS			
Caseload	1,262,088	1,262,088	
Unit Cost	$190.79	$182.82	($7.97)
Total Cost	$2,889,552,391	$2,768,846,295	($120,706,096)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Hospital Inpatient Service (101582)	
General Revenue (FSI 2)	($114,619,481)
Medical Care Trust Fund (FSI 3)	($139,977,322)
Refugee Assistance Trust Fund (FSI 3)	($206,904)
Total	($254,803,707)
Prepaid Health Plans (102673)	
General Revenue (FSI 2)	($54,138,590)
Medical Care Trust Fund (FSI 3)	($66,115,942)
Refugee Assistance Trust Fund (FSI 3)	($451,564)
Total	($120,706,096)

Issue Total

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
HOSPITAL INPATIENT RATE REDUCTION OF TEN PERCENT			17	33B2650
General Revenue (FSI 2)		($168,758,071)		
Medical Care Trust Fund (FSI 3)		($206,093,264)		
Refugee Assistance Trust Fund (FSI 3)		($658,468)		
Issue Total		($375,509,803)		

SOURCE OF FUNDS:
General Revenue (State 44.94%)
Medical Care Trust Fund (Federal 54.88%)
Refugee Assistance Trust Fund (Federal 0.18%)

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	POS	AMOUNT	PRIORITY	CODES
HOSPITAL OUTPATIENT RATE REDUCTION OF TEN PERCENT			18	33B2660
GENERAL REVENUE FUND		47,151,147-		1000
TRUST FUNDS		57,971,336-		2000
TOTAL ISSUE.............		105,122,483-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Hospital Outpatient Rate Reduction of Ten Percent

ISSUE SUMMARY:
In Fiscal Year 10-11 the Agency for Health Care Administration proposes to reduce the reimbursement rates for Hospital Outpatient Services by 10 percent. This would reduce General Revenue by $47.2 million and Federal Funds by $57.9 million for a total reduction of $105.1 million.

ISSUE DETAIL:
The Agency for Health Care Administration is recommending that price level reduction adjustment of 10 percent be made to reduce the Hospital Outpatient Services.

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

HOSPITAL OUTPATIENT SERVICES		10%	Reduction
Medicaid Caseload	1,040,154	1,040,154	
Medicaid Utilization Rate	18.25%	18.25%	
Medicaid Services Per Month	189,802	189,802	
Medicaid Unit Cost	$303	$273	($31)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
HOSPITAL OUTPATIENT RATE REDUCTION OF TEN PERCENT			18	33B2660

Medicaid Total Cost	$690,515,314	$620,773,267	($69,742,047)
PREPAID HEALTH PLAN			
Caseload	1,262,088	1,262,088	
Unit Cost	$190.79	$188.46	($2.34)
Total Cost	$2,889,552,391	$2,854,171,955	($35,380,436)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Hospital Outpatient Service (101596)	
General Revenue (FSI 2)	($31,282,463)
Medical Care Trust Fund (FSI 3)	($38,344,177)
Refugee Assistance Trust Fund (FSI 3)	($115,407)
Total	($69,742,047)
Prepaid Health Plans (102673)	
General Revenue (FSI 2)	($15,868,684)
Medical Care Trust Fund (FSI 3)	($19,379,393)
Refugee Assistance Trust Fund (FSI 3)	($132,359)
Total	($35,380,436)
Issue Total	
General Revenue (FSI 2)	($47,151,147)
Medical Care Trust Fund (FSI 3)	($57,723,570)
Refugee Assistance Trust Fund (FSI 3)	($247,766)
Issue Total	($105,122,483)

SOURCE OF FUNDS:
General Revenue (State 44.85%)
Medical Care Trust Fund (Federal 54.91%)
Refugee Assistance Trust Fund (Federal 0.24%)
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	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
NURSING HOME RATE REDUCTION OF TEN PERCENT			19	33B2670
GENERAL REVENUE FUND		138,174,809-		1000
TRUST FUNDS		168,746,959-		2000
TOTAL ISSUE............		306,921,768-		

SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Nursing Home Rate Reduction of Ten Percent

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to reduce the reimbursement rates for Nursing Home Services by 10 percent. This would reduce General Revenue by $138.2 million and Federal Funds by $168.7 million for a total reduction of $306.9 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that price level reduction adjustment of 10 percent be made to reduce Nursing Home rates.

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

		10%	Reduction
NURSING HOMES	42,791	42,791	
Skilled Care Caseload	11,098	11,098	
Skilled Care Unit Cost	$5,453	$4,897	($556)
Skilled Care Total Cost	$726,265,516	$652,186,844	($74,078,672)
Intermediate Care Caseload	29,924	29,924	
Intermediate Care Unit Cost	$5,428	$4,874	($554)
Intermediate Care Total Cost	$1,949,100,048	$1,750,291,866	($198,808,182)
General Care Caseload	1,292	1,292	
General Care Unit Cost	$5,390	$4,840	($550)
General Care Total Cost	$83,559,978	$75,036,879	($8,523,099)
HOSPICE			
Medicaid Caseload	8,638	8,638	
Medicaid Unit Cost	$3,399	$3,152	($246)
Medicaid Total Cost	$352,275,774	$326,763,959	($25,511,815)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
NURSING HOME RATE REDUCTION OF TEN PERCENT		19	33B2670

Health Care Services (68500000)
Medicaid Long Term Care (68501500)
Long Term Care (1303000000)

FY 10-11	Recurring
Special Category:	
Nursing Home Care (102233)	
General Revenue (FSI 2)	($126,690,761)
Medical Care Trust Fund (FSI 3)	($154,719,192)
Issue Total	($281,409,953)

Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

Hospice Services (101575)	
General Revenue (FSI 2)	($11,484,048)
Medical Care Trust Fund (FSI 3)	($14,024,721)
Refugee Assistance Trust Fund (FSI 3)	($3,046)
Issue Total	($25,511,815)

Issue Total	
General Revenue (FSI 2)	($138,921,768)
Medical Care Trust Fund (FSI 3)	($168,743,913)
Refugee Assistance Trust Fund (FSI 3)	($3,046)
Issue Total	($306,921,768)

SOURCE OF FUNDS:
General Revenue (State 45.02%)
Medical Care Trust Fund (Federal 54.98%)
Refugee Assistance Trust Fund (Federal 0.00%)

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	AMOUNT	PRIORITY	CODES
INTERMEDIATE CARE FACILITIES/ DEVELOPMENTALLY DISABLED RATE REDUCTION OF TEN PERCENT		20	33B2680
GENERAL REVENUE FUND	10,808,990-		1000
TRUST FUNDS	13,200,316-		2000

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
INTERMEDIATE CARE FACILITIES/ DEVELOPMENTALLY DISABLED RATE REDUCTION OF TEN PERCENT			20	33B2680
TOTAL ISSUE.............		24,009,306-		

SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: ICF/DD Rate Reduction of Ten Percent

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to reduce the ICF/DD reimbursement rates by 10 percent. This would reduce General Revenue by $10.8 million and Federal Funds by $13.2 million for a total reduction of $24.0 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that price level reduction adjustment of 10 percent be made to reduce the ICF/DD rates.

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

ICF-MR COMMUNITY		10%	Reduction
Caseload Private	1,351	1,351	
Unit Cost	$9,323	$8,381	($942)
Total Cost	$151,147,429	$135,881,526	($15,265,903)
Caseload Cluster	368	368	
Unit Cost	$11,664	$10,486	($1,178)
Total Cost	$51,507,340	$46,305,116	($5,202,224)
Caseload Six bed	286	286	
Unit Cost	$10,216	$9,184	($1,032)
Total Cost	$35,061,319	$31,520,140	($3,541,179)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Long Term Care (68501500)
Long Term Care (1303000000)

FY 10-11	Recurring
Special Category:	
ICF/DD - Community (101649)	
General Revenue (FSI 2)	($10,808,990)

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
INTERMEDIATE CARE FACILITIES/ DEVELOPMENTALLY DISABLED RATE REDUCTION OF TEN PERCENT		20	33B2680
Medical Care Trust Fund (FSI 3)	($13,200,316)		
Issue Total	($24,009,306)		

SOURCE OF FUNDS:
General Revenue (State 45.02%)
Medical Care Trust Fund (Federal 54.98%)

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	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
ELIMINATION OF ELIGIBILITY FOR NINETEEN AND TWENTY YEAR OLD KIDS		21	33B2690
GENERAL REVENUE FUND	11,303,289-		1000
TRUST FUNDS	13,803,972-		2000
TOTAL ISSUE.............	25,107,261-		

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of Eligibility for Children Age 19 and 20

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to eliminate optional eligibility for children age 19 and 20 which would have an impact of $9.8 million in General Revenue and $15.2 million in Trust Funds for a total reduction of $25.1 million.

ISSUE DETAIL: For Fiscal Year 10-11, there will be an estimated 10,169 individuals in this age group. This issue eliminates the optional eligibility and coverage for children aged 19 and 20. These individuals use a wide range of services in many different appropriation categories.

The top 92.7% of expenditures for the affected eligible's are as follows:

Hospital Inpatient - $6,925,993 - 27.59%
Prepaid Health Plans - $6,591,468 - 26.25%
Prescribed Medicine - $4,797,332 - 19.11%
Hospital Outpatient - $2,618,859 - 10.43%
Physician Services - $1,768,010 - 7.04%
Other - $2,405,599 - 9.58%

The "Other" portion of this funding has been included in Hospital Inpatient Services for ease of presentation below.

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF ELIGIBILITY FOR NINETEEN AND TWENTY YEAR OLD KIDS			21	33B2690

Legislation Authority is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Hospital Inpatient Services (101582)	
General Revenue (FSI 2)	($4,201,083)
Medical Care Trust Fund (FSI 3)	($5,130,509)
Total	($9,331,592)
Prepaid Health Plans (102673)	
General Revenue (FSI 2)	($2,967,479)
Medical Care Trust Fund (FSI 3)	($3,623,989)
Total	($6,591,468)
Prescribed Medicine/Drugs (102681)	
General Revenue (FSI 2)	($2,159,759)
Medical Care Trust Fund (FSI 3)	($2,637,573)
Total	($4,797,332)
Hospital Outpatient Service (101596)	
General Revenue (FSI 2)	($1,179,010)
Medical Care Trust Fund (FSI 3)	($1,439,849)
Total	($2,618,859)
Physician Services (102541)	
General Revenue (FSI 2)	($795,958)
Medical Care Trust Fund (FSI 3)	($972,052)
Total	($1,768,010)
Issue Total	
General Revenue (FSI 2)	($11,303,289)
Medical Care Trust Fund (FSI 3)	($13,808,972)
Issue Total	($25,107,261)

	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
ELIMINATION OF ELIGIBILITY FOR NINETEEN AND TWENTY YEAR OLD KIDS		21	33B2690

SOURCE OF FUNDS:
General Revenue (State 45.02%)
Medical Care Trust Fund (Federal 54.98%)

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	POS AMOUNT	PRIORITY	CODES
ELIMINATE FAMILY PLANNING WAIVER		22	33B2700
GENERAL REVENUE FUND	2,688,201-		1000
TRUST FUNDS	5,241,818-		2000
TOTAL ISSUE.............	7,930,019-		

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SCH VIIIB-2 NARR 10-11 NOTES:

ISSUE TITLE: Elimination of the Family Planning Waiver Eligibility Group

ISSUE SUMMARY: In Fiscal Year 10-11, the Agency for Health Care Administration proposes to eliminate optional eligibility for the family planning waiver which would have an impact of $2.7 million in General Revenue and $5.2 million in Trust Funds for a total reduction of $7.9 million.

ISSUE DETAIL: For Fiscal Year 10-11, there will be an estimated 60,940 individuals in this optional eligibility group. This issue eliminates the optional eligibility and coverage for the family planning waiver. These individuals use a wide range of services in many different appropriation categories.

The top 86.04% of expenditures for the affected eligible’s are as follows:

Clinic Services - $2,805,891 - 35.38%
Prescribed Medicine - $2,290,879 - 28.89%
Family Planning - $1,725,975 - 21.77%
Other - $1,107,274 - 13.96%

The "Other" portion of this funding has been included in Clinic Services for ease of presentation below.

Statutory change is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT		PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN					68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING					33B0000
ELIMINATE FAMILY PLANNING WAIVER				22	33B2700

FY 10-11	Recurring
Special Category:	
Clinic Services (103742)	
General Revenue (FSI 2)	($1,863,325)
Medical Care Trust Fund (FSI 3)	($2,049,840)
Total	($3,913,165)
Prescribed Medicine/Drugs (102681)	
General Revenue (FSI 2)	($652,279)
Grants and Donations Trust Fund (FSI 2&3)	($842,014)
Medical Care Trust Fund (FSI 3)	($796,586)
Total	($2,290,879)
Family Planning (101246)	
General Revenue (FSI 2)	($172,597)
Medical Care Trust Fund (FSI 3)	($1,553,378)
Total	($1,725,975)
Issue Total	
General Revenue (FSI 2)	($2,688,201)
Grants and Donations Trust Fund (FSI 2&3)	($842,014)
Medical Care Trust Fund (FSI 3)	($4,399,804)
Issue Total	($7,930,019)

SOURCE OF FUNDS:
General Revenue (State 33.90%)
Medical Care Trust Fund (Federal 55.48%)
Grants and Donations Trust Fund (Match/Federal 10.62%)

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	AMOUNT	PRIORITY	CODES
ELIMINATE MEDICALLY NEEDY PROGRAM FOR PREGNANT WOMEN AND KIDS		23	33B2710
GENERAL REVENUE FUND	62,192,200-		1000
TRUST FUNDS	84,791,846-		2000
TOTAL ISSUE.............	146,984,046-		

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATE MEDICALLY NEEDY PROGRAM FOR PREGNANT WOMEN AND KIDS			23	33B2710

SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of the Medically Needy Program for Children and Pregnant Women

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to eliminate the Medically Needy Program for Children and Pregnant Women which would have an impact of $62.2 million in General Revenue and $84.8 million in Trust Funds for a total reduction of $147.0 million.

ISSUE DETAIL: The Medically Needy Program is for persons who have income above regular Medicaid levels, but incur medical expenses that cause income to qualify. During the 2008 Session the Legislature eliminated the Medically Needy Program except for Children and Pregnant Women. Currently, there are 4,572 estimated individuals in this Optional Eligibility group who are above the income limit to qualify for Medicaid. Of this amount an estimated 37 individuals are children and an estimated 4,535 are pregnant women. This issue would remove the program eligibility and coverage for children and pregnant women.

Crossover payments, premiums and deductibles would continue for QMB eligible’s as well as premiums for SLMB and QI eligibles.

The top 92.88% of expenditures for the affected eligible’s are as follows:

Hospital Inpatient - $79,678,412 - 54.21%
Prescribed Medicine - $21,974,740 - 14.95%
Hospital Outpatient - $20,190,398 - 13.74%
Physician Services - $14,674,528 - 9.98%
Other - $10,465,968 - 7.12%

The "Other" portion of this funding has been included in Hospital Inpatient for ease of presentation below.

Statutory change is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11	Recurring
Special Category:	
Hospital Inpatient Services (101582)	
General Revenue (FSI 2)	($40,582,600)
Medical Care Trust Fund (FSI 2 & 3)	($49,561,780)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT		PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN					68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING					33B0000
ELIMINATE MEDICALLY NEEDY PROGRAM FOR PREGNANT WOMEN AND KIDS				23	33B2710
Total			($90,144,380)		
Prescribed Medicine/Drugs (102681)					
General Revenue (FSI 2)			($5,913,410)		
Medical Care Trust Fund (FSI 3)			($7,221,662)		
Grants and Donations (FSI 2)			($8,839,668)		
Total			($21,974,740)		
Outpatient Services (101596)					
General Revenue (FSI 2)			($9,089,718)		
Medical Care Trust Fund (FSI 3)			($11,100,680)		
Issue Total			($20,190,398)		
Physician Services (102541)					
General Revenue (FSI 2)			($6,606,472)		
Medical Care Trust Fund (FSI 3)			($8,068,056)		
Total			($14,674,528)		
Issue Total					
General Revenue (FSI 2)			($62,192,200)		
Medical Care Trust Fund (FSI 2 & 3)			($75,952,178)		
Grants and Donations (FSI 2)			($8,839,668)		
Issue Total			($146,984,046)		

SOURCE OF FUNDS:
General Revenue (State 42.31%)
Medical Care Trust Fund (Federal 51.67%)
Grants and Donations (Match 6.01%)

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	POS	AMOUNT	PRIORITY	CODES
ELIMINATION OF BREAST AND CERVICAL CANCER TREATMENT			24	33B2720
GENERAL REVENUE FUND		3,555,482-		1000
TRUST FUNDS		4,752,886-		2000
TOTAL ISSUE.............		8,308,368-		

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF BREAST AND CERVICAL CANCER TREATMENT			24	33B2720

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SCH VIIIB-2 NARR 10-11 NOTES:
ISSUE TITLE: Elimination of Breast and Cervical Cancer Treatment Program (BCCP)

ISSUE SUMMARY:
This budget reduction issue proposes the immediate elimination of cancer treatment services that are currently being provided to women under age 65, who have been diagnosed with breast or cervical cancer through the Department of Health's early detection screening program.

ISSUE DETAIL:
The Breast and Cervical Cancer Treatment Program (BCCP) is intended for women who have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under the Public Health Service Act in accordance with the requirements of section 15 of that Act and who need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix.

For Fiscal Year 10-11, there will be an estimated 472 individuals who will use these services. In Florida this program is available to uninsured and underinsured women under age 65 who have been identified through the Florida Department to Health's statewide breast and cervical cancer screening program that was implemented in 2001 as a result of the Mary Brogan Breast and Cervical Cancer Detection Act.

Identified women may be eligible for full Medicaid benefits, under the Mary Brogan Cancer benefit plan (MB C), while receiving their breast or cervical cancer treatments. Medicaid recipients participating in an HMO and recipients with alien (non-citizen) status are not eligible for the Breast and Cervical Cancer Treatment Program.

This would require an amendment of the Florida Medicaid State Plan and legislative approval, including a revision to Florida Statutes.

The top 59.70% of expenditures for the affected eligible's are as follows:

Hospital Inpatient - $3,048,448 - 36.69%
Prescribed Medicine - $914,298 - 11.00%
Physician Services - $573,694 - 6.91%
Hospital Outpatient - $424,008 - 5.10%
Other - $3,347,920 - 40.30%

The "Other" portion of this funding has been included in Hospital Inpatient Services for ease of presentation below.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF BREAST AND CERVICAL CANCER TREATMENT			24	33B2720

FY 10-11	Recurring
Special Category:	
Physician Services (102541)	
General Revenue (FSI 2)	($258,278)
Medical Care Trust Fund (FSI 3)	($315,416)
Issue Total	($573,694)
Outpatient Services (101596)	
General Revenue (FSI 2)	($190,888)
Medical Care Trust Fund (FSI 3)	($233,120)
Issue Total	($424,008)
Prescribed Medicine/Drugs (102681)	
General Revenue (FSI 2)	($249,528)
Grants and Donations Trust Fund (FSI 2)	($360,038)
Medical Care Trust Fund (FSI 3)	($304,732)
Issue Total	($914,298)
Hospital Inpatient (101582)	
General Revenue (FSI 2)	($2,856,788)
Medical Care Trust Fund (FSI 2 & 3)	($3,539,580)
Issue Total	($6,396,368)
Issue Total	
General Revenue (FSI 2)	($3,555,482)
Grants and Donations Trust Fund (FSI 2)	($360,038)
Medical Care Trust Fund (FSI 2 & 3)	($4,392,848)
Issue Total	($8,308,368)

SOURCE OF FUNDS:
General Revenue (State 42.79%)
Medical Care Trust Fund (Federal 52.88%)
Grants and Donations Trust Fund (Match 4.33%)

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	COL A11 SCH VIIIB-2 REDUCTIONS POS AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN			68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING			33B0000
ELIMINATE ELIGIBILITY FOR PREGNANT WOMEN WITH 150-185% OF THE FEDERAL POVERTY LEVEL		25	33B2730
GENERAL REVENUE FUND	17,020,790-		1000
TRUST FUNDS	39,750,666-		2000
TOTAL ISSUE.............	56,771,456-		

SCH VIIIB-2 NARR 10-11 NOTES:

ISSUE TITLE: Elimination of Eligibility for Pregnant Women with Income of 150 percent up to 185 percent of the Federal Poverty Level

ISSUE SUMMARY: In Fiscal Year 10-11 the Agency for Health Care Administration proposes to eliminate optional eligibility for pregnant women with income of 150 percent up to 185 percent of the federal poverty level which would have an impact of $17.0 million in General Revenue and $39.8 million in Trust Funds for a total reduction of $56.8 million.

ISSUE DETAIL: For Fiscal Year 10-11, there will be an estimated 5,846 individuals in this optional eligibility group. This issue eliminates the optional eligibility and coverage for pregnant women with income of 150 percent up to 185 percent of the federal poverty level. These individuals use a wide range of services in many different appropriation categories.

The top 92.16% of expenditures for the affected eligible's are as follows:

Hospital Inpatient - $29,226,780 - 51.48%
Physician Services - $12,119,222 - 21.35%
Hospital Outpatient - $6,723,386 - 11.84%
Other Lab and X-Ray - $2,502,299 - 4.41%
Clinic Services - $1,745,744 - 3.08%
Other - $4,454,025 - 7.84%

The "Other" portion of this funding has been included in Hospital Inpatient for ease of presentation below.

Statutory change is needed to achieve reduction.

BUDGET SUMMARY:
Health Care Services (68500000)
Medicaid Services to Individuals (68501400)
Health Services to Individuals (1301000000)

FY 10-11 Recurring

	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
SCHEDULE VIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATE ELIGIBILITY FOR PREGNANT WOMEN WITH 150-185% OF THE FEDERAL POVERTY LEVEL			25	33B2730
Special Category:				
Hospital Inpatient Services (101582)				
General Revenue (FSI 2)		($6,625,379)		
Grants and Donations Trust Fund (FSI 2)		($480,555)		
Medical Care Trust Fund (FSI 3)		($18,339,329)		
Public Medical Assistance Trust Fund (FSI 2)		($8,235,542)		
Total		($33,680,805)		
Physician Services (102541)				
General Revenue (FSI 2)		($5,456,074)		
Medical Care Trust Fund (FSI 3)		($6,663,148)		
Total		($12,119,222)		
Hospital Outpatient Services (101596)				
General Revenue (FSI 2)		($3,026,868)		
Medical Care Trust Fund (FSI 3)		($3,696,518)		
Total		($6,723,386)		
Other Lab and X-Ray Services (102324)				
General Revenue (FSI 2)		($1,126,535)		
Medical Care Trust Fund (FSI 3)		($1,375,764)		
Total		($2,502,299)		
Clinic Services (103742)				
General Revenue (FSI 2)		($785,934)		
Medical Care Trust Fund (FSI 3)		($959,810)		
Total		($1,745,744)		
Issue Total				
General Revenue (FSI 2)		($17,020,789)		
Grants and Donations Trust Fund (FSI 2)		($480,555)		
Medical Care Trust Fund (FSI 3)		($31,034,569)		
Public Medical Assistance Trust Fund (FSI 2)		($8,235,542)		
Issue Total		($56,771,456)		

SOURCE OF FUNDS:
General Revenue (State 29.98%)
Medical Care Trust Fund (Federal 54.67%)
Public Medical Assistance Trust Fund (State 14.51%)
Grants and Donations Trust Fund (Match 0.85%)

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	COL A11 SCH VIIIB-2 REDUCTIONS POS	AMOUNT	PRIORITY	CODES
AGENCY/HEALTH CARE ADMIN				68000000
TOTAL: AGENCY/HEALTH CARE ADMIN				68000000
BY FUND TYPE				
GENERAL REVENUE FUND		596,383,446-		1000
TRUST FUNDS		679,179,397-		2000
TOTAL POSITIONS.........	5.00-			
TOTAL DEPARTMENT........		1275,562,843-		