

		COL A10	
		SCH VIIIIB-2	
		RED FY21-22	
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
REDUCTION TO HOSPICE ELIGIBILITY			
LIMIT ELIGIBILITY			33V0030
SPECIAL CATEGORIES			100000
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND	-MATCH	4,738,226-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	7,846,704-	2474 3
TOTAL APPRO.....		12,584,930-	
		=====	
PREPAID HEALTH PLANS			
GENERAL REVENUE FUND	-MATCH	34,716,456-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	57,491,927-	2474 3
TOTAL APPRO.....		92,208,383-	
		=====	
TOTAL: REDUCTION TO HOSPICE ELIGIBILITY			33V0030
LIMIT ELIGIBILITY			
TOTAL ISSUE.....		104,793,313-	
		=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #10

IT COMPONENT? NO

ISSUE TITLE: Reduction to Hospice Eligibility Limit Eligibility

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to decrease the income eligibility requirement from 300% to 138% of the Federal Poverty Level (FPL) for individuals who require Medicaid-covered hospice services. 138% is \$17,608.80 per year for an individual. This would result in a reduction of \$104,793,313, of which \$39,454,682 is General Revenue. This reduction amount includes the proportionate federal share. This issue would be effective July 1, 2021.

ISSUE DETAIL: Currently, Florida Medicaid covers hospice services for recipients who are terminally ill and have incomes

COL A10		
SCH VIIIIB-2		
RED FY21-22		
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
REDUCTION TO HOSPICE ELIGIBILITY		
LIMIT ELIGIBILITY		33V0030

falling within 300% of the FPL (300% is \$28,188 per year for an individual).

At the federal level, Medicaid groups and benefits fall into one of two categories, mandatory or optional. Because federal policy considers hospice as an optional benefit, Florida Medicaid is not required to cover the service and has the flexibility to determine who is eligible to receive it. Florida Medicaid has varying eligibility requirements for certain categories and benefits, some of which are specified in section 409.904, Florida Statutes. Regarding optional benefits, the State can determine separate eligibility criteria for each benefit.

The State has the authority to make this change under Sections 1902(a) and 1902(1) of the Social Security Act.

A State Plan amendment and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$4,738,226)	\$0	(\$4,738,226)	\$0
Medical Trust Fund (2474 - 3)	(\$7,846,704)	\$0	(\$7,846,704)	\$0
Total	(\$12,584,929)	\$0	(\$12,584,929)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$34,716,456)	\$0	(\$34,716,456)	\$0
Medical Trust Fund (2474 - 3)	(\$57,491,927)	\$0	(\$57,491,927)	\$0
Total	(\$92,208,384)	\$0	(\$92,208,384)	\$0
Issue Total	(\$104,793,313)	\$0	(\$104,793,313)	\$0

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
REINTEGRATE MEDICAID COVERED DENTAL SERVICES INTO THE MANAGED MEDICAL ASSISTANCE (MMA) PROGRAM			33V0040
SPECIAL CATEGORIES			100000
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND	-MATCH	28,509,427-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	47,212,822-	2474 3

TOTAL APPRO.....		75,722,249-	
		=====	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #03

IT COMPONENT? NO

ISSUE TITLE: Reintegrate Medicaid Covered Dental Services into the Managed Medical Assistance (MMA) Program

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to reintegrate dental services into the Managed Medical Assistance Program and eliminate the stand-alone statewide Medicaid Prepaid Dental Health Program. This would result in a reduction of \$75,722,249, of which \$28,509,427 is in General Revenue associated with increased medical claim costs and the duplicative administrative fees currently being paid to maintain both the Medicaid Prepaid Dental Health Program and the Managed Medical Assistance program. This reduction includes the proportionate federal share.

ISSUE DETAIL: During 2014, AHCA implemented the Statewide Medicaid Managed Care (SMMC) program, pursuant to Part IV of Chapter 409, Florida Statutes. Under the SMMC program, most Medicaid recipients must enroll in a managed care plan to receive covered services, including dental services. Managed care plans were required to coordinate all aspects of care for their enrollees. Through care coordination efforts, managed care plans are responsible for assessing enrollees and identifying factors that may impact their ability to manage health care needs.

House Bill (HB) 819, adopted during the 2016 Legislative Session, directed AHCA to carve dental services out of the Managed Medical Assistance Program and create a stand-alone statewide Medicaid Prepaid Dental Health Program. Contracts for both the Managed Medical Assistance Program and the new Medicaid Prepaid Dental Health Program were procured during 2017 and 2018.

COL A10 SCH VIIIIB-2 RED FY21-22 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
REINTEGRATE MEDICAID COVERED DENTAL SERVICES INTO THE MANAGED MEDICAL ASSISTANCE (MMA) PROGRAM	33V0040

An amendment to the 1115 managed care waiver, amendments to sections 409.973 (1) and (5), Florida Statutes, and legislative budget authority are needed to achieve reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$28,509,427)	\$0	(\$28,509,427)	(\$9,159,868)
Medical Trust Fund (2474 - 3)	(\$47,212,822)	\$0	(\$47,212,822)	(\$16,080,882)
Total	(\$75,722,249)	\$0	(\$75,722,249)	(\$25,240,750)
Issue Total	(\$75,722,249)	\$0	(\$75,722,249)	(\$25,240,750)

1115 MEDS-AD WAIVER ELIMINATION	33V0180
SPECIAL CATEGORIES	100000
CASE MANAGEMENT	100311

GENERAL REVENUE FUND -MATCH	953-	1000 2
MEDICAL CARE TRUST FUND -FEDERL	1,578-	2474 3
TOTAL APPRO.....	2,531-	
	=====	

HOSPITAL INPATIENT SERVICE	101582	
GENERAL REVENUE FUND -MATCH	4,525,188-	1000 2
MEDICAL CARE TRUST FUND -FEDERL	7,493,904-	2474 3
TOTAL APPRO.....	12,019,092-	
	=====	

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
HOSPITAL INSURANCE BENEFIT			101589
GENERAL REVENUE FUND	-MATCH	136,175-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	225,511-	2474 3
TOTAL APPRO.....		361,686-	
=====			
HOSPITAL OUTPATIENT SVCS			101596
GENERAL REVENUE FUND	-MATCH	663,215-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	1,098,312-	2474 3
TOTAL APPRO.....		1,761,527-	
=====			
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND	-MATCH	5,683,308-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	9,411,800-	2474 3
TOTAL APPRO.....		15,095,108-	
=====			
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND	-MATCH	1,010,713-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	1,673,784-	2474 3
TOTAL APPRO.....		2,684,497-	
=====			
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND	-MATCH	187,060,231-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	309,779,691-	2474 3
TOTAL APPRO.....		496,839,922-	
=====			

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND	-MATCH 319,594-		1000 2
	=====		
GRANTS AND DONATIONS TF	-MATCH 588,533-		2339 2
	-FEDERL 974,636-		2339 3

TOTAL GRANTS AND DONATIONS TF	1,563,169-		2339
	=====		
MEDICAL CARE TRUST FUND	-FEDERL 361,747-		2474 3
	=====		
TOTAL APPRO.....	2,244,510-		
	=====		
TOTAL: 1115 MEDS-AD WAIVER ELIMINATION			33V0180
TOTAL ISSUE.....	531,008,873-		
	=====		

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #08

IT COMPONENT? NO

ISSUE TITLE: 1115 MEDS-AD Waiver Elimination

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to eliminate the optional eligibility category for MEDS-AD. This would result in a reduction of \$531,008,873, of which \$199,399,377 is General Revenue. This reduction includes rebates, and the reduction amount includes the proportionate federal share. This issue would be effective July 1, 2021.

ISSUE DETAIL: The MEDS-AD waiver program is for people 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 for Medicare and Medicaid and meet specific waiver criteria. These individuals are aged, blind, or disabled with incomes above the SSI level but below 88 percent of the FPL. Many of the individuals in this optional eligibility group do not otherwise qualify for Medicaid. This optional eligibility group is projected to have 54,637 recipients who would use these services in SFY 2021-22.

COL A10		
SCH VIIIIB-2		
RED FY21-22		
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

Medicaid would continue to pay Medicare crossover payments for the dually eligible individuals (both Medicare and Medicaid). The estimate would be reduced if any individuals in this category remain eligible for Medicaid services by transferring to the SSI eligibility category. The remaining individuals who would be affected due to the elimination of the optional eligibility group would be those who do not have Medicare coverage and who do not reside in a long-term care facility or participate in the Statewide Medicaid Managed Care Long-Term Care waiver program.

An amendment to the 1115 managed care waiver, a Medicaid Rule amendment, an amendment of section 409.904 (1), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Case Management (100311)				
General Revenue (1000 - 2)	(\$953)	\$0	(\$953)	\$0
Medical Trust Fund (2474 - 3)	(\$1,578)	\$0	(\$1,578)	\$0
Total	(\$2,531)	\$0	(\$2,531)	\$0
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$4,525,188)	\$0	(\$4,525,188)	\$0
Medical Trust Fund (2474 - 3)	(\$7,493,904)	\$0	(\$7,493,904)	\$0
Total	(\$12,019,092)	\$0	(\$12,019,092)	\$0
Hospital Insurance Benefit (101589)				
General Revenue (1000 - 2)	(\$136,175)	\$0	(\$136,175)	\$0
Medical Trust Fund (2474 - 3)	(\$225,511)	\$0	(\$225,511)	\$0
Total	(\$361,686)	\$0	(\$361,686)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$663,215)	\$0	(\$663,215)	\$0
Medical Trust Fund (2474 - 3)	(\$1,098,312)	\$0	(\$1,098,312)	\$0
Total	(\$1,761,527)	\$0	(\$1,761,527)	\$0
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$5,683,308)	\$0	(\$5,683,308)	\$0
Medical Trust Fund (2474 - 3)	(\$9,411,800)	\$0	(\$9,411,800)	\$0
Total	(\$15,095,108)	\$0	(\$15,095,108)	\$0

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID SERV/INDIVIDUALS
 HEALTH AND HUMAN SERVICES
HEALTH SVCS/INDIVIDUALS
 PROGRAM REDUCTIONS
 1115 MEDS-AD WAIVER ELIMINATION

68000000
 68500000
 68501400
 13
1301.00.00.00
 33V0000
 33V0180

Physician & Health Care Practitioner Services (102542)				
General Revenue (1000 - 2)	(\$1,010,713)	\$0	(\$1,010,713)	\$0
Medical Trust Fund (2474 - 3)	(\$1,673,784)	\$0	(\$1,673,784)	\$0
Total	(\$2,684,497)	\$0	(\$2,684,497)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$187,060,231)	\$0	(\$187,060,231)	\$0
Medical Trust Fund (2474 - 3)	(\$309,779,691)	\$0	(\$309,779,691)	\$0
Total	(\$496,839,922)	\$0	(\$496,839,922)	\$0
Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$319,594)	\$0	(\$319,594)	\$0
Grants and Donations (2339 - 2)	(\$588,533)	\$0	(\$588,533)	\$0
Grants and Donations (2339 - 3)	(\$974,636)	\$0	(\$974,636)	\$0
Medical Trust Fund (2474 - 3)	(\$361,747)	\$0	(\$361,747)	\$0
Total	(\$2,244,510)	\$0	(\$2,244,510)	\$0
Issue Total	(\$531,008,873)	\$0	(\$531,008,873)	\$0

ELIMINATE SHANDS TEACHING HOSPITAL
 SPECIAL CATEGORIES
 G/A-SHANDS TEACHING HOSP

33V0320
 100000
 101321

GENERAL REVENUE FUND	-MATCH	8,673,569-
GRANTS AND DONATIONS TF	-MATCH	1,000,000-
TOTAL APPRO.....		9,673,569-

1000 2
 2339 2

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #02

IT COMPONENT? NO

ISSUE TITLE: Eliminate Shands Teaching Hospital

COL A10 SCH VIIIIB-2 RED FY21-22 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
ELIMINATE SHANDS TEACHING HOSPITAL	33V0320

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to reduce the Specific Appropriation for Shands Teaching Hospital by \$9,673,569, of which \$8,673,569 is General Revenue.

ISSUE DETAIL: Shands Teaching Hospital is appropriated state funds for the purpose of providing health care services to indigent patients through Shands Healthcare System. A portion of the state funds (\$1M) are used as a direct payment to Shands Teaching Hospital, and a portion (\$8.7M) is used as Medicaid match for the Graduate Medical Education Program. The Graduate Medical Education Program was established to improve the quality of care and access to care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians statewide.

Legislative budget authority is needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
G/A Shands Teaching Hospital (101321)				
General Revenue (1000 - 2)	(\$8,673,569)	\$0	(\$8,673,569)	\$0
Grants and Donations (2339 - 2)	(\$1,000,000)	\$0	(\$1,000,000)	\$0
Total	(\$9,673,569)	\$0	(\$9,673,569)	\$0
Issue Total	(\$9,673,569)	\$0	(\$9,673,569)	\$0

		COL A10	
		SCH VIIIIB-2	
		RED FY21-22	
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
ELIMINATE OVER-THE-COUNTER BENEFIT			
FOR ADULTS			33V0340
SPECIAL CATEGORIES			100000
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND -MATCH		8,064,410-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		13,355,005-	2474 3

TOTAL APPRO.....		21,419,415-	
		=====	
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND -MATCH		173,903-	1000 2
		=====	
GRANTS AND DONATIONS TF -MATCH		320,243-	2339 2
		-FEDERL 530,335-	2339 3

TOTAL GRANTS AND DONATIONS TF		850,578-	2339
		=====	
MEDICAL CARE TRUST FUND -FEDERL		196,840-	2474 3
		=====	
TOTAL APPRO.....		1,221,321-	
		=====	
TOTAL: ELIMINATE OVER-THE-COUNTER BENEFIT			33V0340
FOR ADULTS			
TOTAL ISSUE.....		22,640,736-	
		=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #05

IT COMPONENT? NO

ISSUE TITLE: Eliminate Over-the-Counter Drug Benefit for Adults

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

COL A10 SCH VIIIIB-2 RED FY21-22 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
ELIMINATE OVER-THE-COUNTER BENEFIT FOR ADULTS	33V0340

ISSUE SUMMARY: This issue proposes to eliminate the coverage for over-the-counter (OTC) drugs from the Florida Medicaid preferred drug list for recipients 21 years of age and older. This results in a reduction of \$22,640,736, of which \$8,238,313 is General Revenue. This reduction includes rebates and the reduction amount includes the proportionate federal share. This issue would be effective July 1, 2021.

ISSUE DETAIL: In accordance with federal law, coverage of prescribed drugs is an optional benefit, as detailed in section 1927(d)2 of the Social Security Act. Florida Medicaid currently covers prescribed drugs which include OTC products on the preferred drug list. The health plans are contractually obligated to follow the Agency's preferred drug list, which contains OTC products. Of the 15 health plans under contract with Florida Medicaid, 14 have established an expanded benefit program to increase access to routine medical items. Most recipients enrolled in a health plan will, therefore, retain access to over-the-counter products.

The fiscal year 2019-20 expenditures for the recipients 21 years of age and older for OTC products are as follows:

Prepaid Health Plans - \$28,559,220
 Fee for Service - \$1,221,321

A State Plan amendment, a Medicaid Rule amendment, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$8,064,410)	\$0	(\$8,064,410)	(\$2,591,035)
Medical Trust Fund (2474 - 3)	(\$13,355,005)	\$0	(\$13,355,005)	(\$4,548,770)
Total	(\$21,419,415)	\$0	(\$21,419,415)	(\$7,139,805)
Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$173,903)	\$0	(\$173,903)	\$0
Grants and Donations (2339 - 2)	(\$320,243)	\$0	(\$320,243)	\$0
Grants and Donations (2339 - 3)	(\$530,335)	\$0	(\$530,335)	\$0
Medical Trust Fund (2474 - 3)	(\$196,840)	\$0	(\$196,840)	\$0
Total	(\$1,221,321)	\$0	(\$1,221,321)	\$0
Issue Total	(\$22,640,736)	\$0	(\$22,640,736)	(\$7,139,805)

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
ELIMINATE OPTIONAL SERVICES			33V0490
SPECIAL CATEGORIES			100000
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND	-MATCH	319,522-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	529,143-	2474 3
TOTAL APPRO.....		848,665-	
		=====	
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND	-MATCH	369,779-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	612,369-	2474 3
TOTAL APPRO.....		982,148-	
		=====	
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND	-MATCH	7,305,693-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	12,098,538-	2474 3
TOTAL APPRO.....		19,404,231-	
		=====	
TOTAL: ELIMINATE OPTIONAL SERVICES			33V0490
TOTAL ISSUE.....		21,235,044-	
		=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #06

IT COMPONENT? NO

ISSUE TITLE: Eliminate Optional Services

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

COL A10 SCH VIIIIB-2 RED FY21-22 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
ELIMINATE OPTIONAL SERVICES	33V0490

ISSUE SUMMARY: This issue proposes to reduce \$21,235,044, of which \$7,994,994 is General Revenue, from certain Medicaid Services categories by eliminating optional coverage of routine dental, vision, hearing, chiropractic, and podiatry services for adult Medicaid recipients. The reduction amount includes the proportionate federal share.

ISSUE DETAIL: Adult Medicaid recipients currently receive emergency dental services; full and partial dentures; vision and hearing services which include routine exams and fitting, dispensing, and repair of eyeglasses and hearing aids; chiropractic services; and podiatrist services. This issue eliminates these services and the estimated numbers of recipients who could use these services in SFY 2021-2022 are as follows: Vision: 141,445, Hearing: 19,458, Chiropractic: 10,840, and Podiatry: 101,670. This change would impact the fee-for-service delivery system effective July 1, 2020, and the impact to the prepaid health plans would have an effective date of October 1, 2020.

Cessation of this coverage would require federal approval of a State Plan amendment and legislative amendments to sections 409.906 (2), (7), (12) and (19), Florida Statutes. Additionally, this would require a change to Florida Administrative Code for revision of the corresponding Medicaid coverage policies.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$319,522)	\$0	(\$319,522)	\$0
Medical Trust Fund (2474 - 3)	(\$529,143)	\$0	(\$529,143)	\$0
Total	(\$848,665)	\$0	(\$848,665)	\$0
Physician & Health Care Practitioner Services (102542)				
General Revenue (1000 - 2)	(\$369,779)	\$0	(\$369,779)	\$0
Medical Trust Fund (2474 - 3)	(\$612,369)	\$0	(\$612,369)	\$0
Total	(\$982,148)	\$0	(\$982,148)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$7,305,693)	\$0	(\$7,305,693)	(\$2,347,265)
Medical Trust Fund (2474 - 3)	(\$12,098,538)	\$0	(\$12,098,538)	(\$4,120,812)
Total	(\$19,404,231)	\$0	(\$19,404,231)	(\$6,468,077)
Issue Total	(\$21,235,044)	\$0	(\$21,235,044)	(\$6,468,077)

COL A10 SCH VIIIIB-2 RED FY21-22			
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
ELIMINATE 19 AND 20 YEAR-OLD			
OPTIONAL CHILD ELIGIBILITY GROUP			33V0500
SPECIAL CATEGORIES			100000
COMMUNITY MENTAL HEALTH SV			100616
GENERAL REVENUE FUND	-MATCH	101,971-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	168,867-	2474 3

TOTAL APPRO.....		270,838-	
=====			
HOSPITAL INPATIENT SERVICE			101582
GENERAL REVENUE FUND	-MATCH	7,102,149-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	11,761,461-	2474 3

TOTAL APPRO.....		18,863,610-	
=====			
HOSPITAL INSURANCE BENEFIT			101589
GENERAL REVENUE FUND	-MATCH	1,541-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	2,551-	2474 3

TOTAL APPRO.....		4,092-	
=====			
HOSPITAL OUTPATIENT SVCS			101596
GENERAL REVENUE FUND	-MATCH	2,420,531-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	4,008,503-	2474 3

TOTAL APPRO.....		6,429,034-	
=====			
OTHER FEE FOR SERVICE			102325
GENERAL REVENUE FUND	-MATCH	421,317-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	697,719-	2474 3

TOTAL APPRO.....		1,119,036-	
=====			

		COL A10	
		SCH VIIIIB-2	
		RED FY21-22	
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
ELIMINATE 19 AND 20 YEAR-OLD			
OPTIONAL CHILD ELIGIBILITY GROUP			33V0500
SPECIAL CATEGORIES			100000
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND -MATCH		1,971,946-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		3,265,627-	2474 3
TOTAL APPRO.....		5,237,573-	
		=====	
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND -MATCH		34,127,871-	1000 2
MEDICAL CARE TRUST FUND -FEDERL		56,517,204-	2474 3
TOTAL APPRO.....		90,645,075-	
		=====	
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND -MATCH		1,725,759-	1000 2
GRANTS AND DONATIONS TF -MATCH		3,177,988-	2339 2
-FEDERL		5,262,883-	2339 3
TOTAL GRANTS AND DONATIONS TF		8,440,871-	2339
MEDICAL CARE TRUST FUND -FEDERL		1,953,380-	2474 3
TOTAL APPRO.....		12,120,010-	
		=====	
TOTAL: ELIMINATE 19 AND 20 YEAR-OLD			33V0500
OPTIONAL CHILD ELIGIBILITY GROUP			
TOTAL ISSUE.....		134,689,268-	
		=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #09

IT COMPONENT? NO

COL A10 SCH VIIIIB-2 RED FY21-22 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
ELIMINATE 19 AND 20 YEAR-OLD OPTIONAL CHILD ELIGIBILITY GROUP	33V0500

ISSUE TITLE: Eliminate 19 and 20 Year-old Optional Child Eligibility Group

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to eliminate the optional coverage for children aged 19 and 20. Floridians aged 19 and 20 would remain eligible in other categories (such as parent, pregnant woman, disabled, former foster care) if they met the technical requirement for those categories. This would result in a reduction of \$134,970,225, of which \$47,978,865 is General Revenue. The estimate would be reduced if any individuals in this category converted to other eligibility categories. This reduction includes rebates and the proportionate federal share. This issue would be effective July 1, 2021.

ISSUE DETAIL: Federal Medicaid regulations require state Medicaid programs to cover certain groups, while other groups are optional, and states can choose whether to cover each optional group. Florida Medicaid currently includes coverage of the optional eligible group known as 19 and 20-year olds. Medicaid may be provided to individuals who are 19 and 20 years old who are unmarried or whose marriage was annulled. The 19 and 20-year-old population is an optional group and therefore Florida is not required to cover this group. This would mean that individuals ages 19 and 20 would continue to qualify for Medicaid coverage if they met the eligibility requirements for adults, which varies by category (e.g., 18% of federal poverty level (FPL) for parents and caregivers, 185% of FPL for pregnant women). The estimated number of recipients who would use these services in SFY 2021-2022 is 172,132.

A State Plan amendment, an amendment of section 409.903(3), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Community Health Services (100616)				
General Revenue (1000 - 2)	(\$101,971)	\$0	(\$101,971)	\$0
Medical Trust Fund (2474 - 3)	(\$168,867)	\$0	(\$168,867)	\$0
Total	(\$270,838)	\$0	(\$270,838)	\$0

Hospital Inpatient Service (101582)

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID SERV/INDIVIDUALS
 HEALTH AND HUMAN SERVICES
HEALTH SVCS/INDIVIDUALS
 PROGRAM REDUCTIONS
 ELIMINATE 19 AND 20 YEAR-OLD
 OPTIONAL CHILD ELIGIBILITY GROUP

68000000
 68500000
 68501400
 13
1301.00.00.00
 33V0000
 33V0500

General Revenue (1000 - 2)	(\$7,102,149)	\$0	(\$7,102,149)	\$0
Medical Trust Fund (2474 - 3)	(\$11,761,461)	\$0	(\$11,761,461)	\$0
Total	(\$18,863,610)	\$0	(\$18,863,610)	\$0
Hospital Insurance Benefit (101589)				
General Revenue (1000 - 2)	(\$1,541)	\$0	(\$1,541)	\$0
Medical Trust Fund (2474 - 3)	(\$2,551)	\$0	(\$2,551)	\$0
Total	(\$4,092)	\$0	(\$4,092)	\$0
Hospital Outpatient Services (101596)				
General Revenue (1000 - 2)	(\$2,420,531)	\$0	(\$2,420,531)	\$0
Medical Trust Fund (2474 - 3)	(\$4,008,503)	\$0	(\$4,008,503)	\$0
Total	(\$6,429,034)	\$0	(\$6,429,034)	\$0
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$421,317)	\$0	(\$421,317)	\$0
Medical Trust Fund (2474 - 3)	(\$697,719)	\$0	(\$697,719)	\$0
Total	(\$1,119,036)	\$0	(\$1,119,036)	\$0
Physician & Health Care Practitioner Services (102542)				
General Revenue (1000 - 2)	(\$1,971,946)	\$0	(\$1,971,946)	\$0
Medical Trust Fund (2474 - 3)	(\$3,265,627)	\$0	(\$3,265,627)	\$0
Total	(\$5,237,573)	\$0	(\$5,237,573)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$34,127,871)	\$0	(\$34,127,871)	\$0
Medical Trust Fund (2474 - 3)	(\$56,517,204)	\$0	(\$56,517,204)	\$0
Total	(\$90,645,075)	\$0	(\$90,645,075)	\$0
Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$1,725,759)	\$0	(\$1,725,759)	\$0
Grants and Donations (2339 - 2)	(\$3,177,988)	\$0	(\$3,177,988)	\$0
Grants and Donations (2339 - 3)	(\$5,262,883)	\$0	(\$5,262,883)	\$0
Medical Trust Fund (2474 - 3)	(\$1,953,380)	\$0	(\$1,953,380)	\$0
Total	(\$12,120,010)	\$0	(\$12,120,010)	\$0
Medicaid Long Term Care (68501500)				
Intermediate Care Facilities (ICF)/Developmentally Disabled (DD)-Community (101649)				
General Revenue (1000 - 2)	(\$76,527)	\$0	(\$76,527)	\$0

COL A10				CODES
SCH VIIIIB-2				
RED FY21-22				
POS	AMOUNT			
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
ELIMINATE 19 AND 20 YEAR-OLD				
OPTIONAL CHILD ELIGIBILITY GROUP				33V0500

Medical Trust Fund (2474 - 3)	(\$126,732)	\$0	(\$126,732)	\$0
Total	(\$203,259)	\$0	(\$203,259)	\$0
Prepaid Health Plans-Long Term Care (102674)				
General Revenue (1000 - 2)	(\$29,253)	\$0	(\$29,253)	\$0
Medical Trust Fund (2474 - 3)	(\$48,445)	\$0	(\$48,445)	\$0
Total	(\$77,698)	\$0	(\$77,698)	\$0
Issue Total	(\$134,970,225)	\$0	(\$134,970,225)	\$0

REDUCE DUPLICATION OF EFFORT
 BETWEEN MEDICAID MANAGED CARE PLANS
 AND THE HEALTHY START MOMCARE
 CONTRACT
 SPECIAL CATEGORIES
 HEALTHY START SERVICES

33V0710
 100000
 101405

GENERAL REVENUE FUND	-MATCH	1,860,185-
MEDICAL CARE TRUST FUND	-FEDERL	3,080,546-
TOTAL APPRO.....		4,940,731-
		=====

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #11

IT COMPONENT? NO

ISSUE TITLE: Reduce Medicaid Managed Care Plans and the Health Start Momcare Contract

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to reduce care coordination and other services provided by Healthy Start that

COL A10 SCH VIIIIB-2 RED FY21-22 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 DUPLICATION OF EFFORT BETWEEN MEDICAID MANAGED CARE PLANS AND THE HEALTHY START MOMCARE CONTRACT	33V0710

duplicate Medicaid services by 12 percent. This would result in a reduction of \$4,940,731, of which \$1,860,185 is General Revenue. This reduction includes the proportionate federal share. This issue would be effective July 1, 2021.

ISSUE DETAIL: The Agency is required by section 409.975, Florida Statutes, to contract with an Administrative Service Organization to provide risk appropriate care coordination to improve pregnancy outcomes and infant health among Medicaid recipients through the Healthy Start program. The Medicaid component of the Healthy Start program is authorized in the 1115 Managed Medical Assistance Waiver.

Current Healthy Start program services include, but are not limited to:

- Coordinated intake: Identifying appropriate services in the community, Medicaid plan enrollment and choosing a health care provider
- Care Coordination: Regular communication with Medicaid managed care plans on services provided for recipients enrolled in Healthy Start
- Prenatal and infant-child pathways: Enhanced care coordination for pregnant women and children who are at risk for poor birth, health, or developmental outcomes
- Inter-conception Care Counseling: Counseling between pregnancies to reduce risk factors
- Statewide Medicaid Managed Care plans are required by Florida Statutes to establish programs and procedures to improve pregnancy outcomes and infant health and to conduct risk assessments to identify pregnant enrollees at risk of poor pregnancy outcomes. Plans are required to manage/provide care coordination for pregnant women, and services provided by Healthy Start are already covered in the plan contracts, including screening, care coordination, education, and general family planning services. Therefore, no change to the rates paid to the plans is needed if this reduction is taken.

Several plans currently provide health screening services for pregnant women to identify risk of poor health outcomes. The plans and the Healthy Start program regularly exchange data to try to avoid duplication. However, duplication of services does occur resulting in additional costs to the State.

An amendment to the 1115 managed care waiver, an amendment to Section 409.975, Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Healthy Start Services (101405)				
General Revenue (1000 - 2)	(\$1,860,185)	\$0	(\$1,860,185)	\$0

COL A10					
SCH VIIIIB-2					
RED FY21-22					
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 DUPLICATION OF EFFORT					
BETWEEN MEDICAID MANAGED CARE PLANS					
AND THE HEALTHY START MOMCARE					
CONTRACT					33V0710
Medical Trust Fund (2474 - 3)	(\$3,080,546)	\$0	(\$3,080,546)	\$0	
Total	(\$4,940,731)	\$0	(\$4,940,731)	\$0	
Issue Total	(\$4,940,731)	\$0	(\$4,940,731)	\$0	

ELIMINATE RETROACTIVE ELIGIBILITY
 FOR NON-PREGNANT ADULTS 33V5870
 SPECIAL CATEGORIES 100000
 HOSPITAL INPATIENT SERVICE 101582

GENERAL REVENUE FUND	-MATCH	14,008,515-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	23,198,696-	2474	3
TOTAL APPRO.....		37,207,211-		
		=====		

HOSPITAL OUTPATIENT SVCS 101596

GENERAL REVENUE FUND	-MATCH	762,128-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	1,262,117-	2474	3
TOTAL APPRO.....		2,024,245-		
		=====		

OTHER FEE FOR SERVICE 102325

GENERAL REVENUE FUND	-MATCH	327,810-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	542,867-	2474	3
TOTAL APPRO.....		870,677-		
		=====		

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
ELIMINATE RETROACTIVE ELIGIBILITY			
FOR NON-PREGNANT ADULTS			33V5870
SPECIAL CATEGORIES			100000
PHYSICIAN/HCP SVCS			102542
GENERAL REVENUE FUND	-MATCH 1,484,966-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 2,459,167-		2474 3

TOTAL APPRO.....	3,944,133-		
=====			
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND	-MATCH 28,715-		1000 2
=====			
GRANTS AND DONATIONS TF	-MATCH 52,880-		2339 2
	-FEDERL 87,571-		2339 3

TOTAL GRANTS AND DONATIONS TF	140,451-		2339
=====			
MEDICAL CARE TRUST FUND	-FEDERL 32,503-		2474 3
=====			
TOTAL APPRO.....	201,669-		
=====			
TOTAL: ELIMINATE RETROACTIVE ELIGIBILITY			33V5870
FOR NON-PREGNANT ADULTS			
TOTAL ISSUE.....	44,247,935-		
=====			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE: IT COMPONENT? NO
 PRIORITY #01

ISSUE TITLE: Eliminate Retroactive Eligibility for Non-Pregnant Adults

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

COL A10 SCH VIIIIB-2 RED FY21-22 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
ELIMINATE RETROACTIVE ELIGIBILITY FOR NON-PREGNANT ADULTS	33V5870

ISSUE SUMMARY: This issue proposes to eliminate coverage of Medicaid retroactive eligibility for non-pregnant adults. Medicaid coverage for non-pregnant adults would begin on the day of the month the application for Medicaid benefits was submitted, and no earlier. This would result in a reduction of \$72,557,217, of which \$27,270,579 is General Revenue. This issue would be effective July 1, 2021.

ISSUE DETAIL: Federal Medicaid law requires states to include coverage of retroactive eligibility in their state plans. Retroactive eligibility allows a person applying for Medicaid to have their coverage begin date to be set earlier than the date they submitted their Medicaid application.

Florida Medicaid previously allowed retroactive eligibility for a period of up to 90 days prior to the month in which the Medicaid application was submitted for all eligibility groups. In 2018, the Florida Legislature directed the Agency to request federal approval to eliminate retroactive Medicaid coverage for non-pregnant adults, except for coverage back to the first day of the month in which an application for Medicaid benefits was submitted. This change took effect February 1, 2019, and Florida Medicaid currently allows retroactive eligibility for a period of up to 90 days prior to the month of application for children and pregnant women only. This policy is currently authorized by the legislature through the end of FY 2021. The legislature must authorize this change to continue beyond FY 2021. This issue is requesting that the legislature reauthorize the current policy for pregnant women and children, and eliminate the retroactive eligibility for non-pregnant adults. The estimated number of recipients who would use these services in SFY 2021-2022 is 16,764. The current 90-day retroactive eligibility period that Florida Medicaid allows for pregnant women and children would remain in place.

A State Plan amendment, an amendment of section 409.904(12), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$14,008,515)	\$0	(\$14,008,515)	\$0
Medical Trust Fund (2474 - 3)	(\$23,198,696)	\$0	(\$23,198,696)	\$0
Total	(\$37,207,211)	\$0	(\$37,207,211)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$762,128)	\$0	(\$762,128)	\$0
Medical Trust Fund (2474 - 3)	(\$1,262,117)	\$0	(\$1,262,117)	\$0
Total	(\$2,024,245)	\$0	(\$2,024,245)	\$0

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID SERV/INDIVIDUALS
 HEALTH AND HUMAN SERVICES
HEALTH SVCS/INDIVIDUALS
 PROGRAM REDUCTIONS
 ELIMINATE RETROACTIVE ELIGIBILITY
 FOR NON-PREGNANT ADULTS

68000000
 68500000
 68501400
 13
1301.00.00.00
 33V0000
 33V5870

Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$327,810)	\$0	(\$327,810)	\$0
Medical Trust Fund (2474 - 3)	(\$542,867)	\$0	(\$542,867)	\$0
Total	(\$870,677)	\$0	(\$870,677)	\$0

Physician/Health Care Practitioner Serv (102542)				
General Revenue (1000 - 2)	(\$1,484,966)	\$0	(\$1,484,966)	\$0
Medical Trust Fund (2474 - 3)	(\$2,459,167)	\$0	(\$2,459,167)	\$0
Total	(\$3,944,133)	\$0	(\$3,944,133)	\$0

Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$28,715)	\$0	(\$28,715)	\$0
Grants and Donations (2339 - 2)	(\$52,880)	\$0	(\$52,880)	\$0
Grants and Donations (2339 - 3)	(\$87,571)	\$0	(\$87,571)	\$0
Medical Trust Fund (2474 - 3)	(\$32,503)	\$0	(\$32,503)	\$0
Total	(\$201,669)	\$0	(\$201,669)	\$0

Medicaid Long Term Care (68501500)				
Nursing Home Care (102233)				
General Revenue (1000 - 2)	(\$10,658,445)	\$0	(\$10,658,445)	\$0
Medical Trust Fund (2474 - 3)	(\$17,650,837)	\$0	(\$17,650,837)	\$0
Total	(\$28,309,282)	\$0	(\$28,309,282)	\$0

Issue Total	(\$72,557,217)	\$0	(\$72,557,217)	\$0
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MEDICALLY NEEDY REDUCTION EXCLUDING
 CHILDREN AND PREGNANT WOMEN
 SPECIAL CATEGORIES
 CASE MANAGEMENT

33V6050
 100000
 100311

GENERAL REVENUE FUND	-MATCH	1,308-
MEDICAL CARE TRUST FUND	-FEDERL	2,166-
TOTAL APPRO.....		3,474-
		=====

1000 2
 2474 3

		COL A10	
		SCH VIIIIB-2	
		RED FY21-22	
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
COMMUNITY MENTAL HEALTH SV			100616
GENERAL REVENUE FUND	-MATCH	50,501-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	83,632-	2474 3
TOTAL APPRO.....		134,133-	
		=====	
HOSPITAL INPATIENT SERVICE			
GENERAL REVENUE FUND	-MATCH	86,031,565-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	142,471,928-	2474 3
TOTAL APPRO.....		228,503,493-	
		=====	
HOSPITAL INSURANCE BENEFIT			
GENERAL REVENUE FUND	-MATCH	5,650,759-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	9,357,897-	2474 3
TOTAL APPRO.....		15,008,656-	
		=====	
HOSPITAL OUTPATIENT SVCS			
GENERAL REVENUE FUND	-MATCH	47,035,507-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	77,892,798-	2474 3
TOTAL APPRO.....		124,928,305-	
		=====	
OTHER FEE FOR SERVICE			
GENERAL REVENUE FUND	-MATCH	16,053,939-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	26,586,006-	2474 3
TOTAL APPRO.....		42,639,945-	
		=====	

		COL A10		
		SCH VIII B-2		
		RED FY21-22		
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	
PERSONAL CARE SERVICES			102538	
GENERAL REVENUE FUND -MATCH		165,913-	1000 2	
MEDICAL CARE TRUST FUND -FEDERL		274,759-	2474 3	
TOTAL APPRO.....		440,672-		
		=====		
PHYSICIAN/HCP SVCS			102542	
GENERAL REVENUE FUND -MATCH		39,472,675-	1000 2	
MEDICAL CARE TRUST FUND -FEDERL		65,368,426-	2474 3	
TOTAL APPRO.....		104,841,101-		
		=====		
PREPAID HEALTH PLANS			102673	
GENERAL REVENUE FUND -MATCH		2,656,967-	1000 2	
MEDICAL CARE TRUST FUND -FEDERL		4,400,050-	2474 3	
TOTAL APPRO.....		7,057,017-		
		=====		
PRESCRIBED MEDICINE/DRUGS			102681	
GENERAL REVENUE FUND -MATCH		35,184,106-	1000 2	
		=====		
HEALTH CARE TRUST FUND -MATCH		5,762,907-	2003 2	
		=====		
GRANTS AND DONATIONS TF -MATCH		30,924,892-	2339 2	
		-FEDERL 51,212,936-	2339 3	

TOTAL GRANTS AND DONATIONS TF		82,137,828-	2339	
		=====		
MEDICAL CARE TRUST FUND -FEDERL		46,046,195-	2474 3	
		=====		
TOTAL APPRO.....		169,131,036-		
		=====		

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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 NEEDED REDUCTION EXCLUDING			
CHILDREN AND PREGNANT WOMEN			33V6050
SPECIAL CATEGORIES			100000
STW INPATIENT PSYCH SVCS			103560
GENERAL REVENUE FUND	-MATCH	13,639-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	22,587-	2474 3
TOTAL APPRO.....		36,226-	
TOTAL: MEDICALLY NEEDED REDUCTION EXCLUDING			33V6050
CHILDREN AND PREGNANT WOMEN			
TOTAL ISSUE.....		692,724,058-	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #07

IT COMPONENT? NO

ISSUE TITLE: Medically Needy Reduction Excluding Children and Pregnant Women

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to eliminate the coverage of Non-Pregnant Adults in the Medically Needy optional eligibility group. Pregnant women and children, under the age of 21, would continue to have coverage in the Medically Needy group. This is a reduction of \$692,842,812, of which \$232,361,590 is General Revenue. This reduction includes drug rebates and the proportionate federal share. This issue would be effective July 1, 2021.

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 Medically Needy, people qualify for Medicaid by incurring medical expenses that "spends down" their income to a qualifying level. The person is eligible for Medicaid only for the part of the month after he or she incurs these medical expenses. Currently, Medically Needy coverage is available for all populations covered under other eligibility groups for those whose income is too high to qualify for full coverage, including Non-Pregnant Adults. Most of the recipients are only eligible between one or two months and only a small percentage qualifies for longer periods of time. Medicaid would continue to pay Medically Needy coverage for an estimated 4,532 pregnant women and children while 71,160 adults would no longer be eligible for coverage in SFY 2021-2022.

COL A10		
SCH VIIIIB-2		
RED FY21-22		
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 NEEDED REDUCTION EXCLUDING CHILDREN AND PREGNANT WOMEN		33V6050

The top 97% of projected expenditures for Fiscal Year 2021-22 under the Medically Needed program for current eligibles are as follows:

Hospital Inpatient	\$228,503,493	32.98%
Prescribed Medicine	\$169,131,036	24.41%
Hospital Outpatient	\$124,928,305	18.03%
Physician & Health Care Prac Services	\$104,841,101	15.13%
Other Fee-for-Service	\$42,639,945	6.15%

A State Plan amendment, a Medicaid Rule amendment, an amendment of section 409.904 (2), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Case Management (100311)				
General Revenue (1000 - 2)	(\$1,308)	\$0	(\$1,308)	\$0
Medical Trust Fund (2474 - 3)	(\$2,166)	\$0	(\$2,166)	\$0
Total	(\$3,474)	\$0	(\$3,474)	\$0
Community Behavior Health (100616)				
General Revenue (1000 - 2)	(\$50,501)	\$0	(\$50,501)	\$0
Medical Trust Fund (2474 - 3)	(\$83,632)	\$0	(\$83,632)	\$0
Total	(\$134,133)	\$0	(\$134,133)	\$0
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$86,031,565)	\$0	(\$86,031,565)	\$0
Medical Trust Fund (2474 - 3)	(\$142,471,928)	\$0	(\$142,471,928)	\$0
Total	(\$228,503,493)	\$0	(\$228,503,493)	\$0
Hospital Insurance Benefit (101589)				
General Revenue (1000 - 2)	(\$5,650,759)	\$0	(\$5,650,759)	\$0
Medical Trust Fund (2474 - 3)	(\$9,357,897)	\$0	(\$9,357,897)	\$0
Total	(\$15,008,656)	\$0	(\$15,008,656)	\$0

COL A10
 SCH VIIIIB-2
 RED FY21-22
 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

Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$47,035,507)	\$0	(\$47,035,507)	\$0
Medical Trust Fund (2474 - 3)	(\$77,892,798)	\$0	(\$77,892,798)	\$0
Total	(\$124,928,305)	\$0	(\$124,928,305)	\$0

Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$16,053,939)	\$0	(\$16,053,939)	\$0
Medical Trust Fund (2474 - 3)	(\$26,586,006)	\$0	(\$26,586,006)	\$0
Total	(\$42,639,945)	\$0	(\$42,639,945)	\$0

Personal Care Services (102538)				
General Revenue (1000 - 2)	(\$165,913)	\$0	(\$165,913)	\$0
Medical Trust Fund (2474 - 3)	(\$274,759)	\$0	(\$274,759)	\$0
Total	(\$440,672)	\$0	(\$440,672)	\$0

Physician/Health Care Practitioner Serv (102542)				
General Revenue (1000 - 2)	(\$39,472,675)	\$0	(\$39,472,675)	\$0
Medical Trust Fund (2474 - 3)	(\$65,368,426)	\$0	(\$65,368,426)	\$0
Total	(\$104,841,101)	\$0	(\$104,841,101)	\$0

Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$2,656,967)	\$0	(\$2,656,967)	\$0
Medical Trust Fund (2474 - 3)	(\$4,400,050)	\$0	(\$4,400,050)	\$0
Total	(\$7,057,017)	\$0	(\$7,057,017)	\$0

Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$35,184,106)	\$0	(\$35,184,106)	\$0
Health Care Trust Fund (2003 - 2)	(\$5,762,907)	\$0	(\$5,762,907)	\$0
Grants and Donations (2339 - 2)	(\$30,924,892)	\$0	(\$30,924,892)	\$0
Grants and Donations (2339 - 3)	(\$51,212,936)	\$0	(\$51,212,936)	\$0
Medical Trust Fund (2474 - 3)	(\$46,046,195)	\$0	(\$46,046,195)	\$0
Total	(\$169,131,036)	\$0	(\$169,131,036)	\$0

Statewide Inpatient Psychiatric Services (103560)				
General Revenue (1000 - 2)	(\$13,639)	\$0	(\$13,639)	\$0
Medical Trust Fund (2474 - 3)	(\$22,587)	\$0	(\$22,587)	\$0
Total	(\$36,226)	\$0	(\$36,226)	\$0

Medicaid Long Term Care (68501500)

COL A10
 SCH VIIIIB-2
 RED FY21-22
 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

Intermediate Care Facilities (ICF)/Developmentally Disabled (101649)				
General Revenue (1000 - 2)	(\$42,395)	\$0	(\$42,395)	\$0
Medical Trust Fund (2474 - 3)	(\$70,208)	\$0	(\$70,208)	\$0
Total	(\$112,602)	\$0	(\$112,602)	\$0
Nursing Home Care (102233)				
General Revenue (1000 - 2)	(\$2,316)	\$0	(\$2,316)	\$0
Medical Trust Fund (2474 - 3)	(\$3,836)	\$0	(\$3,836)	\$0
Total	(\$6,152)	\$0	(\$6,152)	\$0
Total	(\$692,842,812)	\$0	(\$692,842,812)	\$0

HOSPITAL OUTPATIENT RATE REDUCTION
 SPECIAL CATEGORIES
 HOSPITAL OUTPATIENT SVCS

33V7020
 100000
 101596

GENERAL REVENUE FUND	-MATCH	11,664,230-
MEDICAL CARE TRUST FUND	-FEDERL	19,316,460-
REFUGEE ASSISTANCE TF	-FEDERL	18,815-

TOTAL APPRO.....		30,999,505-
		=====

1000 2
 2474 3
 2579 3

PREPAID HEALTH PLANS

102673

GENERAL REVENUE FUND	-MATCH	62,821,771-
MEDICAL CARE TRUST FUND	-FEDERL	104,318,691-
REFUGEE ASSISTANCE TF	-FEDERL	170,991-

TOTAL APPRO.....		167,311,453-
		=====

1000 2
 2474 3
 2579 3

TOTAL: HOSPITAL OUTPATIENT RATE REDUCTION

33V7020

TOTAL ISSUE.....		198,310,958-
		=====

COL A10 SCH VIIIIB-2 RED FY21-22 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
HOSPITAL OUTPATIENT RATE REDUCTION	33V7020

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #14

IT COMPONENT? NO

ISSUE TITLE: Hospital Outpatient Rate Reduction

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to reduce the Medicaid Hospital Outpatient Services and Prepaid Health Plans categories. This would result in a reduction of \$198,310,958, of which \$74,486,001 is General Revenue. This reduction includes the proportionate federal share.

ISSUE DETAIL: The Agency will achieve the proposed reduction by decreasing the Enhanced Ambulatory Patient Grouping (EAPG) base rate and the automatic rate enhancement supplemental payment for hospital outpatient services by 15 percent and passing through the impact of this decrease to the prepaid health plan capitation rates which go into effect on October 1, 2021. The impact on the prepaid health plan rates will equate to a 1.63 percent reduction while the impact on the CMS Plan capitation rates will be a 1.10 percent reduction. This issue would be effective July 1, 2021 for fee-for-service rates and October 1, 2021 for prepaid health plans rates. Managed care plans and hospitals negotiate rates which the managed care plans pay the hospitals.

A State Plan amendment, a Medicaid Rule amendment, and legislative budget authority are needed to achieve this reduction.

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

			Rate Change Difference	FY 2021-22 Reduction
HOSPITAL OUTPATIENT SERVICES		15%		
Medicaid Caseload	335,253	335,253		
Medicaid Utilization Rate	61.53%	61.53%		
Medicaid Services Per Month	206,283	206,283		
Medicaid Unit Cost	\$83.49	\$70.96	(\$12.52)	
Medicaid Total Cost	\$206,663,361	\$175,663,857	(\$30,999,504)	(\$30,999,504)
PREPAID HEALTH PLANS		1.63%		
Caseload	3,249,975	3,249,975		
Unit Cost	\$326.12	\$320.82	(\$5.30)	

COL A10				
SCH VIIIIB-2				
RED FY21-22				
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
HOSPITAL OUTPATIENT RATE REDUCTION				33V7020

Total Cost \$12,718,746,239 \$12,512,061,384 (\$206,684,855) (\$155,013,641)

PREPAID HEALTH PLANS-CMS 1.10%
 Caseload 69,188 69,188
 Unit Cost \$1,801.48 \$1,781.73 (\$19.75)
 Total Cost \$1,495,692,921 \$1,479,295,839 (\$16,397,082) (\$12,297,812)

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-2022	NON-RECURRING FY 2021-22	TOTAL FY 2021-2022	ANNUALIZATION FY 2022-2023
Hospital Outpatient Services (101596)				
General Revenue (1000 - 2)	(\$11,664,230)	\$0	(\$11,664,230)	\$0
Medical Care Trust Fund (2474 - 3)	(\$19,316,460)	\$0	(\$19,316,460)	\$0
Refugee Assistance Trust Fund (2579 - 3)	(\$18,815)	\$0	(\$18,815)	\$0
Total	(\$30,999,505)	\$0	(\$30,999,505)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$62,821,771)	\$0	(\$62,821,771)	(\$20,218,424)
Medical Care Trust Fund (2474 - 3)	(\$104,318,691)	\$0	(\$104,318,691)	(\$35,495,062)
Refugee Assistance Trust Fund (2579 - 3)	(\$170,991)	\$0	(\$170,991)	(\$56,997)
Total	(\$167,311,453)	\$0	(\$167,311,453)	(\$55,770,484)
Issue Total	(\$198,310,958)	\$0	(\$198,310,958)	(\$55,770,484)

HOSPITAL INPATIENT RATE REDUCTION 33V7030
 SPECIAL CATEGORIES 100000
 HOSPITAL INPATIENT SERVICE 101582

GENERAL REVENUE FUND	-MATCH	54,474,260-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	90,211,689-	2474	3
REFUGEE ASSISTANCE TF	-FEDERL	25,477-	2579	3
TOTAL APPRO.....		144,711,426-	=====	

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
HOSPITAL INPATIENT RATE REDUCTION			33V7030
SPECIAL CATEGORIES			100000
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND	-MATCH 97,954,818-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 162,665,993-		2474 3
REFUGEE ASSISTANCE TF	-FEDERL 270,918-		2579 3
TOTAL APPRO.....	260,891,729-		
TOTAL: HOSPITAL INPATIENT RATE REDUCTION			33V7030
TOTAL ISSUE.....	405,603,155-		

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #13

IT COMPONENT? NO

ISSUE TITLE: Hospital Inpatient Rate Reduction

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to reduce the Hospital Inpatient Services and Prepaid Health Plans categories. This would result in a reduction of \$405,603,155, of which \$152,429,079 is General Revenue. This reduction includes the proportionate federal share.

ISSUE DETAIL: The Agency will achieve the proposed reduction by decreasing the Diagnosis Related Group (DRG) base rate and the automatic rate enhancement supplemental payment for hospital inpatient services by 15 percent and passing through the impact of this decrease to the prepaid health plan capitation rates which go into effect on October 1, 2021. The impact on the prepaid health plan capitation rates will equate to a 2.57 percent reduction while the impact on the CMS Plan capitation rates will be a 1.36% reduction. This issue would be effective July 1, 2021 for fee-for-service rates and October 1, 2021 for prepaid health plans rates. Managed care plans and hospitals negotiate rates that the managed care plans shall pay the hospitals.

A State Plan amendment, a Medicaid Rule amendment, and legislative budget authority are needed to achieve this reduction.

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

COL A10 SCH VIIIIB-2 RED FY21-22				
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
HOSPITAL INPATIENT RATE REDUCTION				33V7030

			Rate Change Difference	FY 2021-22 Reduction
HOSPITAL INPATIENT SERVICES		15%		
Medicaid Caseload	335,253	335,253		
Medicaid Utilization Rate	2.86%	2.86%		
Medicaid Services Per Month	9,585	9,585		
Medicaid Unit Cost	\$8,528.05	\$7,269.91	(\$1,258.14)	
Medicaid Total Cost	\$980,896,638	\$836,185,212	(\$144,711,426)	(\$144,711,426)
PREPAID HEALTH PLANS		2.57%		
Caseload	3,249,975	3,249,975		
Unit Cost	\$326.12	\$317.73	(\$8.40)	
Total Cost	\$12,718,746,239	\$12,391,275,916	(\$327,470,323)	(\$245,602,742)
PREPAID HEALTH PLANS-CMS		1.38%		
Caseload	69,188	69,188		
Unit Cost	\$1,801.48	\$1,776.93	(\$24.55)	
Total Cost	\$1,495,692,921	\$1,475,307,606	(\$20,385,315)	(\$15,288,986)

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-2022	NON-RECURRING FY 2021-22	TOTAL FY 2021-2022	ANNUALIZATION FY 2022-2023
Hospital Inpatient Services (101582)				
General Revenue (1000 2)	(\$54,474,260)	\$0	(\$54,474,260)	\$0
Medical Care Trust Fund (2474 3)	(\$90,211,689)	\$0	(\$90,211,689)	\$0
Refugee Assistance Trust Fund (2579 3)	(\$25,477)	\$0	(\$25,477)	\$0
Total	(\$144,711,426)	\$0	(\$144,711,426)	\$0
Prepaid Health Plans (102673)				
General Revenue (1000 2)	(\$97,954,818)	\$0	(\$97,954,818)	(\$31,526,431)
Medical Care Trust Fund (2474 3)	(\$162,665,993)	\$0	(\$162,665,993)	(\$55,347,173)
Refugee Assistance Trust Fund (2579 3)	(\$270,918)	\$0	(\$270,918)	(\$90,305)
Total	(\$260,891,729)	\$0	(\$260,891,729)	(\$86,963,909)
Issue Total	(\$405,603,155)	\$0	(\$405,603,155)	(\$86,963,909)

COL A10		
SCH VIII B-2		
RED FY21-22		
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>
TOTAL: HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
BY FUND TYPE		
GENERAL REVENUE FUND	817,847,724-	1000
TRUST FUNDS	1427,742,165-	2000

TOTAL PROG COMP.....	2245,589,889-	
	=====	

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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 60,985,559-		2474 2
	-FEDERL 100,994,677-		2474 3
TOTAL MEDICAL CARE TRUST FUND	161,980,236-		2474
TOTAL APPRO.....	161,980,236-		

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #12

IT COMPONENT? NO

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

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue reduces \$161,980,236 from the Home and Community Based Services (HCBS) category associated with the double budget appropriated to the AHCA for the payment of claims for the HCBS waiver administered by the Agency for Persons with Disabilities (APD). The reduction amount includes the proportionate federal share.

ISSUE DETAIL: This issue reduces double budget authority in the Medical Care Trust Fund that is used by the AHCA for the payment of claims for individuals enrolled in the HCBS waiver administered by the APD. This reduction would keep the budget authority in the HCBS waiver category in balance based upon the federal financial participation (FFP) rate. The General Revenue reduction would be reflected in the APD's budget.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

RECURRING	NON-RECURRING	TOTAL	ANNUALIZATION
FY 2021-22	FY 2021-22	FY 2021-22	FY 2022-2023

Medicaid Long Term Care (68501500)

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID LONG TERM CARE
 HEALTH AND HUMAN SERVICES
LONG-TERM CARE

68000000
 68500000
 68501500
 13
1303.00.00.00

PROGRAM REDUCTIONS
 HOME AND COMMUNITY-BASED SERVICES
 WAIVER REDUCTION - DOUBLE BUDGET

33V0000
 33V0120

Home and Community Based Services (101554)				
Medical Trust Fund (2474 - 2)	(\$60,985,559)	\$0	(\$60,985,559)	\$0
Medical Trust Fund (2474 - 3)	(\$100,994,677)	\$0	(\$100,994,677)	\$0
Total	(\$161,980,236)	\$0	(\$161,980,236)	\$0
Issue Total	(\$161,980,236)	\$0	(\$161,980,236)	\$0

REDUCE PERSONAL NEEDS ALLOWANCE
 SPECIAL CATEGORIES
 ICF/ID - SUNLAND CENTER

33V0430
 100000
 101644

MEDICAL CARE TRUST FUND -MATCH 67,219-
 =====

2474 2

ICF/DD COMMUNITY

101649

GENERAL REVENUE FUND -MATCH 398,284-
 MEDICAL CARE TRUST FUND -FEDERL 659,576-

1000 2
 2474 3

TOTAL APPRO..... 1,057,860-
 =====

NURSING HOME CARE

102233

GENERAL REVENUE FUND -MATCH 672,945-
 MEDICAL CARE TRUST FUND -FEDERL 1,114,425-

1000 2
 2474 3

TOTAL APPRO..... 1,787,370-
 =====

PRPD HLTH PLAN/LNG TRM CAR

102674

GENERAL REVENUE FUND -MATCH 4,503,554-
 MEDICAL CARE TRUST FUND -FEDERL 7,458,076-

1000 2
 2474 3

TOTAL APPRO..... 11,961,630-
 =====

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
REDUCE PERSONAL NEEDS ALLOWANCE			33V0430
SPECIAL CATEGORIES			100000
ST MENTAL HEALTH HOSP PRG			103556
MEDICAL CARE TRUST FUND	-MATCH	5,535-	2474 2
	-FEDERL	9,165-	2474 3
TOTAL MEDICAL CARE TRUST FUND		14,700-	2474
TOTAL APPRO.....		14,700-	
TOTAL: REDUCE PERSONAL NEEDS ALLOWANCE			33V0430
TOTAL ISSUE.....		14,888,779-	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #04

IT COMPONENT? NO

ISSUE TITLE: Reduce Personal Needs Allowance

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to adjust the personal needs allowance from \$130 to \$105. This would result in a reduction of \$14,888,779, of which \$5,574,783 is General Revenue. This reduction includes the proportionate federal share.

ISSUE DETAIL: Medicaid recipients residing in medical institutions, such as nursing facilities, and intermediate care facilities have a personal needs allowance, which is the amount of monthly income they may keep to pay for personal expenses such as clothing, haircuts, etc. In Fiscal Year 2014-2015, the Legislature increased the monthly personal needs allowance from \$30 to \$105. During the 2018-2019 Legislative Session, the Legislature increased the monthly personal needs allowance from \$105 to \$130. This issue would return the monthly personal needs allowance to \$105. The estimated number of recipients who would use these services in SFY 2021-2022 is 48,004.

A State Plan amendment, a Medicaid Rule amendment, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

COL A10
 SCH VIII B-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID LONG TERM CARE
 HEALTH AND HUMAN SERVICES
LONG-TERM CARE
 PROGRAM REDUCTIONS
 REDUCE PERSONAL NEEDS ALLOWANCE

68000000
 68500000
 68501500
 13
1303.00.00.00
 33V0000
 33V0430

RECURRING NON-RECURRING TOTAL ANNUALIZATION
 FY 2021-22 FY 2021-22 FY 2021-22 FY 2022-2023

Medicaid Long Term Care (68501500)				
Intermediate Care Facilities (ICF)/Intellectually Disabled- Sunland (101644)				
General Revenue (1000 - 2)	\$0	\$0	\$0	\$0
Medical Trust Fund (2474 - 2)	(\$67,219)	\$0	(\$67,219)	\$0
Total	(\$67,219)	\$0	(\$67,219)	\$0
Intermediate Care Facilities (ICF)/Developmentally Disabled- Community (101649)				
General Revenue (1000 - 2)	(\$398,284)	\$0	(\$398,284)	\$0
Medical Trust Fund (2474 - 3)	(\$659,576)	\$0	(\$659,576)	\$0
Total	(\$1,057,860)	\$0	(\$1,057,860)	\$0
Nursing Home Care (102233)				
General Revenue (1000 - 2)	(\$672,945)	\$0	(\$672,945)	\$0
Medical Trust Fund (2474 - 3)	(\$1,114,425)	\$0	(\$1,114,425)	\$0
Total	(\$1,787,370)	\$0	(\$1,787,370)	\$0
Prepaid Health Plan-Long Term Care (102674)				
General Revenue (1000 - 2)	(\$4,503,554)	\$0	(\$4,503,554)	\$0
Medical Trust Fund (2474 - 3)	(\$7,458,076)	\$0	(\$7,458,076)	\$0
Total	(\$11,961,630)	\$0	(\$11,961,630)	\$0
State Mental Health Hospital Program (103556)				
Medical Care Trust Fund (2474 - 2)	(\$5,535)	\$0	(\$5,535)	\$0
Medical Care Trust Fund (2474 - 3)	(\$9,165)	\$0	(\$9,165)	\$0
Total	(\$14,700)	\$0	(\$14,700)	\$0
Issue Total	(\$14,888,779)	\$0	(\$14,888,779)	\$0

COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
ELIMINATE 19 AND 20 YEAR-OLD			
OPTIONAL CHILD ELIGIBILITY GROUP			33V0500
SPECIAL CATEGORIES			100000
ICF/DD COMMUNITY			101649
GENERAL REVENUE FUND	-MATCH	76,527-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	126,732-	2474 3

TOTAL APPRO.....		203,259-	
		=====	
PRPD HLTH PLAN/LNG TRM CAR			102674
GENERAL REVENUE FUND	-MATCH	29,253-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	48,445-	2474 3

TOTAL APPRO.....		77,698-	
		=====	
TOTAL: ELIMINATE 19 AND 20 YEAR-OLD			33V0500
OPTIONAL CHILD ELIGIBILITY GROUP			
TOTAL ISSUE.....		280,957-	
		=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #09

IT COMPONENT? NO

ISSUE TITLE: Eliminate 19 and 20 Year-old Optional Child Eligibility Group

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to eliminate the optional coverage for children aged 19 and 20. Floridians aged 19 and 20 would remain eligible in other categories (such as parent, pregnant woman, disabled, former foster care) if they met the technical requirement for those categories. This would result in a reduction of \$134,970,225, of which \$47,978,865 is General Revenue. The estimate would be reduced if any individuals in this category converted to other eligibility categories. This reduction includes rebates and the proportionate federal share. This issue would be effective July 1, 2021.

COL A10		
SCH VIIIIB-2		
RED FY21-22		
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
ELIMINATE 19 AND 20 YEAR-OLD		
OPTIONAL CHILD ELIGIBILITY GROUP		33V0500

ISSUE DETAIL: Federal Medicaid regulations require state Medicaid programs to cover certain groups, while other groups are optional, and states can choose whether to cover each optional group. Florida Medicaid currently includes coverage of the optional eligible group known as 19 and 20-year olds. Medicaid may be provided to individuals who are 19 and 20 years old who are unmarried or whose marriage was annulled. The 19 and 20-year-old population is an optional group and therefore Florida is not required to cover this group. This would mean that individuals ages 19 and 20 would continue to qualify for Medicaid coverage if they met the eligibility requirements for adults, which varies by category (e.g., 18% of federal poverty level (FPL) for parents and caregivers, 185% of FPL for pregnant women). The estimated number of recipients who would use these services in SFY 2021-2022 is 172,132.

A State Plan amendment, an amendment of section 409.903(3), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Community Health Services (100616)				
General Revenue (1000 - 2)	(\$101,971)	\$0	(\$101,971)	\$0
Medical Trust Fund (2474 - 3)	(\$168,867)	\$0	(\$168,867)	\$0
Total	(\$270,838)	\$0	(\$270,838)	\$0
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$7,102,149)	\$0	(\$7,102,149)	\$0
Medical Trust Fund (2474 - 3)	(\$11,761,461)	\$0	(\$11,761,461)	\$0
Total	(\$18,863,610)	\$0	(\$18,863,610)	\$0
Hospital Insurance Benefit (101589)				
General Revenue (1000 - 2)	(\$1,541)	\$0	(\$1,541)	\$0
Medical Trust Fund (2474 - 3)	(\$2,551)	\$0	(\$2,551)	\$0
Total	(\$4,092)	\$0	(\$4,092)	\$0
Hospital Outpatient Services (101596)				
General Revenue (1000 - 2)	(\$2,420,531)	\$0	(\$2,420,531)	\$0
Medical Trust Fund (2474 - 3)	(\$4,008,503)	\$0	(\$4,008,503)	\$0
Total	(\$6,429,034)	\$0	(\$6,429,034)	\$0

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID LONG TERM CARE
 HEALTH AND HUMAN SERVICES
LONG-TERM CARE

68000000
 68500000
 68501500
 13
1303.00.00.00

PROGRAM REDUCTIONS
 ELIMINATE 19 AND 20 YEAR-OLD
 OPTIONAL CHILD ELIGIBILITY GROUP

33V0000
 33V0500

Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$421,317)	\$0	(\$421,317)	\$0
Medical Trust Fund (2474 - 3)	(\$697,719)	\$0	(\$697,719)	\$0
Total	(\$1,119,036)	\$0	(\$1,119,036)	\$0

Physician & Health Care Practitioner Services (102542)				
General Revenue (1000 - 2)	(\$1,971,946)	\$0	(\$1,971,946)	\$0
Medical Trust Fund (2474 - 3)	(\$3,265,627)	\$0	(\$3,265,627)	\$0
Total	(\$5,237,573)	\$0	(\$5,237,573)	\$0

Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$34,127,871)	\$0	(\$34,127,871)	\$0
Medical Trust Fund (2474 - 3)	(\$56,517,204)	\$0	(\$56,517,204)	\$0
Total	(\$90,645,075)	\$0	(\$90,645,075)	\$0

Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$1,725,759)	\$0	(\$1,725,759)	\$0
Grants and Donations (2339 - 2)	(\$3,177,988)	\$0	(\$3,177,988)	\$0
Grants and Donations (2339 - 3)	(\$5,262,883)	\$0	(\$5,262,883)	\$0
Medical Trust Fund (2474 - 3)	(\$1,953,380)	\$0	(\$1,953,380)	\$0
Total	(\$12,120,010)	\$0	(\$12,120,010)	\$0

Medicaid Long Term Care (68501500)				
Intermediate Care Facilities (ICF)/Developmentally Disabled (DD)-Community (101649)				
General Revenue (1000 - 2)	(\$76,527)	\$0	(\$76,527)	\$0
Medical Trust Fund (2474 - 3)	(\$126,732)	\$0	(\$126,732)	\$0
Total	(\$203,259)	\$0	(\$203,259)	\$0

Prepaid Health Plans-Long Term Care (102674)				
General Revenue (1000 - 2)	(\$29,253)	\$0	(\$29,253)	\$0
Medical Trust Fund (2474 - 3)	(\$48,445)	\$0	(\$48,445)	\$0
Total	(\$77,698)	\$0	(\$77,698)	\$0

Issue Total	(\$134,970,225)	\$0	(\$134,970,225)	\$0
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COL A10			
SCH VIIIIB-2			
RED FY21-22			
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
ELIMINATE RETROACTIVE ELIGIBILITY			
FOR NON-PREGNANT ADULTS			33V5870
SPECIAL CATEGORIES			100000
NURSING HOME CARE			102233
GENERAL REVENUE FUND	-MATCH	10,658,445-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	17,650,837-	2474 3
TOTAL APPRO.....		28,309,282-	
		=====	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 21-22 NARRATIVE:
 PRIORITY #01

IT COMPONENT? NO

ISSUE TITLE: Eliminate Retroactive Eligibility for Non-Pregnant Adults

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to eliminate coverage of Medicaid retroactive eligibility for non-pregnant adults. Medicaid coverage for non-pregnant adults would begin on the day of the month the application for Medicaid benefits was submitted, and no earlier. This would result in a reduction of \$72,557,217, of which \$27,270,579 is General Revenue. This issue would be effective July 1, 2021.

ISSUE DETAIL: Federal Medicaid law requires states to include coverage of retroactive eligibility in their state plans. Retroactive eligibility allows a person applying for Medicaid to have their coverage begin date to be set earlier than the date they submitted their Medicaid application.

Florida Medicaid previously allowed retroactive eligibility for a period of up to 90 days prior to the month in which the Medicaid application was submitted for all eligibility groups. In 2018, the Florida Legislature directed the Agency to request federal approval to eliminate retroactive Medicaid coverage for non-pregnant adults, except for coverage back to the first day of the month in which an application for Medicaid benefits was submitted. This change took effect February 1, 2019, and Florida Medicaid currently allows retroactive eligibility for a period of up to 90 days prior to the month of application for children and pregnant women only. This policy is currently authorized by the legislature through the end of FY 2021. The legislature must authorize this change to continue beyond FY 2021. This issue is requesting that the legislature reauthorize the current policy for pregnant women and children, and eliminate the retroactive eligibility for non-pregnant adults. The estimated number of recipients who would use these services in SFY 2021-2022 is 16,764. The current 90-day retroactive eligibility period that Florida Medicaid allows for pregnant women and children would remain

COL A10		
SCH VIIIIB-2		
RED FY21-22		
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
ELIMINATE RETROACTIVE ELIGIBILITY FOR NON-PREGNANT ADULTS		33V5870

in place.

A State Plan amendment, an amendment of section 409.904(12), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

	RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
Medicaid Services to Individuals (68501400)				
Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$14,008,515)	\$0	(\$14,008,515)	\$0
Medical Trust Fund (2474 - 3)	(\$23,198,696)	\$0	(\$23,198,696)	\$0
Total	(\$37,207,211)	\$0	(\$37,207,211)	\$0
Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$762,128)	\$0	(\$762,128)	\$0
Medical Trust Fund (2474 - 3)	(\$1,262,117)	\$0	(\$1,262,117)	\$0
Total	(\$2,024,245)	\$0	(\$2,024,245)	\$0
Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$327,810)	\$0	(\$327,810)	\$0
Medical Trust Fund (2474 - 3)	(\$542,867)	\$0	(\$542,867)	\$0
Total	(\$870,677)	\$0	(\$870,677)	\$0
Physician/Health Care Practitioner Serv (102542)				
General Revenue (1000 - 2)	(\$1,484,966)	\$0	(\$1,484,966)	\$0
Medical Trust Fund (2474 - 3)	(\$2,459,167)	\$0	(\$2,459,167)	\$0
Total	(\$3,944,133)	\$0	(\$3,944,133)	\$0
Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$28,715)	\$0	(\$28,715)	\$0
Grants and Donations (2339 - 2)	(\$52,880)	\$0	(\$52,880)	\$0
Grants and Donations (2339 - 3)	(\$87,571)	\$0	(\$87,571)	\$0
Medical Trust Fund (2474 - 3)	(\$32,503)	\$0	(\$32,503)	\$0
Total	(\$201,669)	\$0	(\$201,669)	\$0
Medicaid Long Term Care (68501500)				

 COL A10
 SCH VIIIIB-2
 RED FY21-22
 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
 ELIMINATE RETROACTIVE ELIGIBILITY
 FOR NON-PREGNANT ADULTS 33V5870

Nursing Home Care (102233)				
General Revenue (1000 - 2)	(\$10,658,445)	\$0	(\$10,658,445)	\$0
Medical Trust Fund (2474 - 3)	(\$17,650,837)	\$0	(\$17,650,837)	\$0
Total	(\$28,309,282)	\$0	(\$28,309,282)	\$0
Issue Total	(\$72,557,217)	\$0	(\$72,557,217)	\$0

MEDICALLY NEEDY REDUCTION EXCLUDING CHILDREN AND PREGNANT WOMEN 33V6050
 SPECIAL CATEGORIES 100000
 ICF/DD COMMUNITY 101649

GENERAL REVENUE FUND -MATCH	42,395-		1000 2
MEDICAL CARE TRUST FUND -FEDERL	70,208-		2474 3
TOTAL APPRO.....	112,603-		

NURSING HOME CARE 102233

GENERAL REVENUE FUND -MATCH	2,316-		1000 2
MEDICAL CARE TRUST FUND -FEDERL	3,836-		2474 3
TOTAL APPRO.....	6,152-		

TOTAL: MEDICALLY NEEDY REDUCTION EXCLUDING CHILDREN AND PREGNANT WOMEN 33V6050
 TOTAL ISSUE..... 118,755-

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 21-22 NARRATIVE: IT COMPONENT? NO
 PRIORITY #07

ISSUE TITLE: ISSUE TITLE: Medically Needy Reduction Excluding Children and Pregnant Women

COL A10 SCH VIIIIB-2 RED FY21-22 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
MEDICALLY NEEDED REDUCTION EXCLUDING CHILDREN AND PREGNANT WOMEN	33V6050

Article III, section 19 of the Florida Constitution, requires departments and agencies to provide a "...prioritized listing of planned expenditures for review and possible reduction in the event of revenue shortfalls." This issue is being submitted to comply with this requirement and does not represent support or endorsement by the Agency for Health Care Administration (AHCA).

ISSUE SUMMARY: This issue proposes to eliminate the coverage of Non-Pregnant Adults in the Medically Needy optional eligibility group. Pregnant women and children, under the age of 21, would continue to have coverage in the Medically Needy group. This is a reduction of \$692,842,812, of which \$232,361,590 is General Revenue. This reduction includes drug rebates and the proportionate federal share. This issue would be effective July 1, 2021.

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 Medically Needy, people qualify for Medicaid by incurring medical expenses that "spends down" their income to a qualifying level. The person is eligible for Medicaid only for the part of the month after he or she incurs these medical expenses. Currently, Medically Needy coverage is available for all populations covered under other eligibility groups for those whose income is too high to qualify for full coverage, including Non-Pregnant Adults. Most of the recipients are only eligible between one or two months and only a small percentage qualifies for longer periods of time. Medicaid would continue to pay Medically Needy coverage for an estimated 4,532 pregnant women and children while 71,160 adults would no longer be eligible for coverage in SFY 2021-2022.

The top 97% of projected expenditures for Fiscal Year 2021-22 under the Medically Needy program for current eligibles are as follows:

Hospital Inpatient	\$228,503,493	32.98%
Prescribed Medicine	\$169,131,036	24.41%
Hospital Outpatient	\$124,928,305	18.03%
Physician & Health Care Prac Services	\$104,841,101	15.13%
Other Fee-for-Service	\$42,639,945	6.15%

A State Plan amendment, a Medicaid Rule amendment, an amendment of section 409.904 (2), Florida Statutes, and legislative budget authority are needed to achieve this reduction.

FISCAL IMPACT: The budgetary breakout for this reduction is as follows:

RECURRING FY 2021-22	NON-RECURRING FY 2021-22	TOTAL FY 2021-22	ANNUALIZATION FY 2022-2023
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Medicaid Services to Individuals (68501400)

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID LONG TERM CARE
 HEALTH AND HUMAN SERVICES
LONG-TERM CARE

68000000
 68500000
 68501500
 13
1303.00.00.00

PROGRAM REDUCTIONS
 MEDICALLY NEEDY REDUCTION EXCLUDING
 CHILDREN AND PREGNANT WOMEN

33V0000
 33V6050

Case Management (100311)				
General Revenue (1000 - 2)	(\$1,308)	\$0	(\$1,308)	\$0
Medical Trust Fund (2474 - 3)	(\$2,166)	\$0	(\$2,166)	\$0
Total	(\$3,474)	\$0	(\$3,474)	\$0

Community Behavior Health (100616)				
General Revenue (1000 - 2)	(\$50,501)	\$0	(\$50,501)	\$0
Medical Trust Fund (2474 - 3)	(\$83,632)	\$0	(\$83,632)	\$0
Total	(\$134,133)	\$0	(\$134,133)	\$0

Hospital Inpatient Service (101582)				
General Revenue (1000 - 2)	(\$86,031,565)	\$0	(\$86,031,565)	\$0
Medical Trust Fund (2474 - 3)	(\$142,471,928)	\$0	(\$142,471,928)	\$0
Total	(\$228,503,493)	\$0	(\$228,503,493)	\$0

Hospital Insurance Benefit (101589)				
General Revenue (1000 - 2)	(\$5,650,759)	\$0	(\$5,650,759)	\$0
Medical Trust Fund (2474 - 3)	(\$9,357,897)	\$0	(\$9,357,897)	\$0
Total	(\$15,008,656)	\$0	(\$15,008,656)	\$0

Hospital Outpatient Service (101596)				
General Revenue (1000 - 2)	(\$47,035,507)	\$0	(\$47,035,507)	\$0
Medical Trust Fund (2474 - 3)	(\$77,892,798)	\$0	(\$77,892,798)	\$0
Total	(\$124,928,305)	\$0	(\$124,928,305)	\$0

Other Fee for Service (102325)				
General Revenue (1000 - 2)	(\$16,053,939)	\$0	(\$16,053,939)	\$0
Medical Trust Fund (2474 - 3)	(\$26,586,006)	\$0	(\$26,586,006)	\$0
Total	(\$42,639,945)	\$0	(\$42,639,945)	\$0

Personal Care Services (102538)				
General Revenue (1000 - 2)	(\$165,913)	\$0	(\$165,913)	\$0
Medical Trust Fund (2474 - 3)	(\$274,759)	\$0	(\$274,759)	\$0
Total	(\$440,672)	\$0	(\$440,672)	\$0

Physician/Health Care Practitioner Serv (102542)				
General Revenue (1000 - 2)	(\$39,472,675)	\$0	(\$39,472,675)	\$0
Medical Trust Fund (2474 - 3)	(\$65,368,426)	\$0	(\$65,368,426)	\$0
Total	(\$104,841,101)	\$0	(\$104,841,101)	\$0

COL A10
 SCH VIIIIB-2
 RED FY21-22
 POS AMOUNT

CODES

AGENCY/HEALTH CARE ADMIN
 PGM: HEALTH CARE SERVICES
MEDICAID LONG TERM CARE
 HEALTH AND HUMAN SERVICES
LONG-TERM CARE
 PROGRAM REDUCTIONS
 MEDICALLY NEEDY REDUCTION EXCLUDING
 CHILDREN AND PREGNANT WOMEN

68000000
 68500000
 68501500
 13
1303.00.00.00
 33V0000
 33V6050

Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$2,656,967)	\$0	(\$2,656,967)	\$0
Medical Trust Fund (2474 - 3)	(\$4,400,050)	\$0	(\$4,400,050)	\$0
Total	(\$7,057,017)	\$0	(\$7,057,017)	\$0

Prescribed Medicine/Drugs (102681)				
General Revenue (1000 - 2)	(\$35,184,106)	\$0	(\$35,184,106)	\$0
Health Care Trust Fund (2003 - 2)	(\$5,762,907)	\$0	(\$5,762,907)	\$0
Grants and Donations (2339 - 2)	(\$30,924,892)	\$0	(\$30,924,892)	\$0
Grants and Donations (2339 - 3)	(\$51,212,936)	\$0	(\$51,212,936)	\$0
Medical Trust Fund (2474 - 3)	(\$46,046,195)	\$0	(\$46,046,195)	\$0
Total	(\$169,131,036)	\$0	(\$169,131,036)	\$0

Statewide Inpatient Psychiatric Services (103560)				
General Revenue (1000 - 2)	(\$13,639)	\$0	(\$13,639)	\$0
Medical Trust Fund (2474 - 3)	(\$22,587)	\$0	(\$22,587)	\$0
Total	(\$36,226)	\$0	(\$36,226)	\$0

Medicaid Long Term Care (68501500)				
Intermediate Care Facilities (ICF)/Developmentally Disabled (101649)				
General Revenue (1000 - 2)	(\$42,395)	\$0	(\$42,395)	\$0
Medical Trust Fund (2474 - 3)	(\$70,208)	\$0	(\$70,208)	\$0
Total	(\$112,602)	\$0	(\$112,602)	\$0

Nursing Home Care (102233)				
General Revenue (1000 - 2)	(\$2,316)	\$0	(\$2,316)	\$0
Medical Trust Fund (2474 - 3)	(\$3,836)	\$0	(\$3,836)	\$0
Total	(\$6,152)	\$0	(\$6,152)	\$0

Total	(\$692,842,812)	\$0	(\$692,842,812)	\$0
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COL A10		
SCH VIII B-2		
RED FY21-22		
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>
TOTAL: LONG-TERM CARE		<u>1303.00.00.00</u>
BY FUND TYPE		
GENERAL REVENUE FUND	16,383,719-	1000
TRUST FUNDS	189,194,290-	2000

TOTAL PROG COMP.....	205,578,009-	
	=====	
TOTAL: AGENCY/HEALTH CARE ADMIN		68000000
BY FUND TYPE		
GENERAL REVENUE FUND	834,231,443-	1000
TRUST FUNDS	1616,936,455-	2000

TOTAL DEPARTMENT.....	2451,167,898-	
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