

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>				68500200
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
OBJECTIVE:				
Manage and administer the Medicaid and child health insurance programs, within state and federal requirements, to be a prudent purchaser of health care coverage or services for eligible beneficiaries.				
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE THE THERAPY MANAGEMENT				
CONTRACT (PRESCRIBED DRUGS)				33B2930
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	520,000-			1000
MEDICAL CARE TRUST FUND	520,000-			2474
TOTAL APPRO.....	1,040,000-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 4

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Eliminate the Therapy Management Contract (Prescribed Drugs)

ISSUE SUMMARY: The Fiscal Year 10-11 contract amount for the Agency's Medicaid Therapy Management contract is \$1,040,000. The proposed reduction is to eliminate this contract.

ISSUE DETAIL: Section 409.912(39)(a),F.S., required that the Agency implement a Medicaid prescription drug management system, and it authorized the Agency to contract with a vendor in order to implement the system. The language is provided below:

409.912(39)(a) 11.a. The agency shall implement a Medicaid prescription drug management system. The agency may contract with a vendor that has experience in operating prescription drug management systems in order to implement this system. Any management system that is implemented in accordance with this subparagraph

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>				68500200
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE THE THERAPY MANAGEMENT				
CONTRACT (PRESCRIBED DRUGS)				33B2930

must rely on cooperation between physicians and pharmacists to determine appropriate practice patterns and clinical guidelines to improve the prescribing, dispensing, and use of drugs in the Medicaid program.

This Medicaid Therapy Management contract is not generating the return on investment that was envisioned. Product development and implementation costs have exceeded program savings. Additionally, despite best efforts, the vendor is not able to enroll enough pharmacies statewide to make the program cost effective. The large chain pharmacy corporations are not interested in participating. At this time, there are 841 pharmacies enrolled, and only about 200 of them are actively participating. There are over 4,000 Medicaid pharmacy providers in Florida. It is unlikely that the number of providers will increase. Therefore, the Agency is proposing to suspend the program.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

Health Care Services (68500000)
 Medicaid Executive Direction/Support Services (68500200)
 Executive Leadership/Support Services (1602000000)

FY 11-12 Recurring

Special Category:

Contracted Services (100777)
 General Revenue (FSI 2) (\$ 520,000)
 Medical Care Trust Fund (FSI 3) (\$ 520,000)
 Issue Total (\$1,040,000)

SOURCE OF FUNDS:

General Revenue (State 50.00%)
 Medical Care Trust Fund (Federal 50.00%) ISSUE TITLE: Eliminate the Therapy Management Contract (Prescribed Drugs)

ISSUE SUMMARY: The Fiscal Year 10-11 contract amount for the Agency's Medicaid Therapy Management contract is \$1,040,000. The proposed reduction is to eliminate this contract.

ISSUE DETAIL: Section 409.912(39)(a), F.S., required that the Agency implement a Medicaid prescription drug management system, and it authorized the Agency to contract with a vendor in order to implement the system. The language is provided below:

409.912(39)(a) 11.a. The agency shall implement a Medicaid prescription drug management system. The agency

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>				68500200
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE THE THERAPY MANAGEMENT				
CONTRACT (PRESCRIBED DRUGS)				33B2930

may contract with a vendor that has experience in operating prescription drug management systems in order to implement this system. Any management system that is implemented in accordance with this subparagraph must rely on cooperation between physicians and pharmacists to determine appropriate practice patterns and clinical guidelines to improve the prescribing, dispensing, and use of drugs in the Medicaid program.

This Medicaid Therapy Management contract is not generating the return on investment that was envisioned. Product development and implementation costs have exceeded program savings. Additionally, despite best efforts, the vendor is not able to enroll enough pharmacies statewide to make the program cost effective. The large chain pharmacy corporations are not interested in participating. At this time, there are 841 pharmacies enrolled, and only about 200 of them are actively participating. There are over 4,000 Medicaid pharmacy providers in Florida. It is unlikely that the number of providers will increase. Therefore, the Agency is proposing to suspend the program.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

Health Care Services (68500000)
 Medicaid Executive Direction/Support Services (68500200)
 Executive Leadership/Support Services (1602000000)

FY 11-12 Recurring

Special Category:

Contracted Services (100777)
 General Revenue (FSI 2) (\$ 520,000)
 Medical Care Trust Fund (FSI 3) (\$ 520,000)
 Issue Total (\$1,040,000)

SOURCE OF FUNDS:

General Revenue (State 50.00%)
 Medical Care Trust Fund (Federal 50.00%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
EXECUTIVE DIR/SUPPORT SVCS				68500200
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE GOLD STANDARD CONTRACT				33B2940
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	610,672-			1000
GRANTS AND DONATIONS TF	551,530-			2339
MEDICAL CARE TRUST FUND	1,162,206-			2474
TOTAL APPRO.....	2,324,408-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 3

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Eliminate the Gold Standard Contract

ISSUE SUMMARY: The Fiscal Year 10-11 contract amount for the Agency's Gold Standard contract is \$2,324,408. The proposed plan is to not renew the contract for Fiscal Year 11-12 when the current contract expires June 30, 2011.

ISSUE DETAIL: Section 409.912(16)(b),F.S., directed the Agency to contract for the design of a database of clinical utilization information for Medicaid providers. The language is provided below:

409.912 (16)(b) 5. By April 1, 2006, the agency shall contract with an entity to design a database of clinical utilization information or electronic medical records for Medicaid providers. This system must be web-based and allow providers to review on a real-time basis the utilization of Medicaid services, including, but not limited to, physician office visits, inpatient and outpatient hospitalizations, laboratory and pathology services, radiological and other imaging services, dental care, and patterns of dispensing prescription drugs in order to coordinate care and identify potential fraud and abuse.

The Gold Standard contract currently provides 555 handheld devices to physicians to support e-prescribing. The program has been phased down from 3,000 handhelds because of low adoption rates by physicians. The contract also provides access

	COL A93		COL A94		COL A95		CODES
	SCH VIIIIB-2	REDUCTIONS	SCH VIIIIB-2	NR FY11-12	SCH VIIIIB-2	ANZ FY11-12	
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
STATE OPERATIONS							A
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>							68500200
GOV OPERATIONS/SUPPORT							16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>							<u>1602.00.00.00</u>
SCHEDULE VIIIIB REDUCTIONS -							
OPERATING							33B0000
ELIMINATE GOLD STANDARD CONTRACT							33B2940

to an analytical application called MedAI. MedAI is not generating the results that were initially intended.

In 2002, the Legislature adopted language which directed the Florida Medicaid Program to enter into a contract with an entity to implement a wireless handheld clinical pharmacology drug information database for practitioners. Since 2002, technology has developed such that this functionality can now be provided via a secure data feed that can be accessed by authorized prescribers using a variety of devices, including laptop computers or other technology used by the medical practice. The technology now exists to provide this data for authorized accessed by all prescribers for all their patients (not just Medicaid) statewide, using any technology they choose. Many practice management software vendors now offer e-prescribing as a component of their comprehensive electronic medical record management systems. The Agency already has a replacement vendor who fulfills the services mandated in the statute above. The Agency has determined, after a five year pilot of hand-held PDA prescribing, that the value of point-of-prescribing information for the physician is access to the patient's complete drug profile. The actual PDA devices supported by the Medicaid pilot have not, to date, been widely adopted. Further, the support and training functions required to keep a small number of devices in use is costly.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

Health Care Services (68500000)
 Medicaid Executive Direction/Support Services (68500200)
 Executive Leadership/Support Services (1602000000)

FY 11-12 Recurring

Special Category:

Contracted Services (100777)	
General Revenue (FSI 2)	(\$610,672)
Grants & Donations Trust Fund (FSI 2)	(\$551,530)
Medical Care Trust Fund (FSI 3)	(\$1,162,206)
Issue Total	(\$2,324,408)

SOURCE OF FUNDS:

General Revenue (State 26.27%)
 Grants & Donations Trust Fund (State 23.73%)
 Medical Care Trust Fund (Federal 50.00%)

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
POS	AMOUNT	POS	AMOUNT	
STATE OPERATIONS				
				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>				68500200
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
TOTAL: SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
BY FUND				
GENERAL REVENUE FUND	1,130,672-			1000
GRANTS AND DONATIONS TF	551,530-			2339
MEDICAL CARE TRUST FUND	1,682,206-			2474
TOTAL SUMMARY ISSUE.....	3,364,408-			
TOTAL: EXECUTIVE DIR/SUPPORT SVCS				68500200
BY FUND TYPE				
GENERAL REVENUE FUND	1,130,672-			1000
TRUST FUNDS	2,233,736-			2000
TOTAL BUREAU.....	3,364,408-			
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
OBJECTIVE:				
Control increases in administrative and support service expenditures.				
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATE FULL TIME EQUIVALENT POSITIONS AND EXPENSES FROM HEALTH QUALITY AND ASSURANCE				33B2750
SALARY RATE				000000
SALARY RATE.....	60,896-			

	COL A93	COL A94	COL A95	
	SCH VIII-B-2	SCH VIII-B-2	SCH VIII-B-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
SCHEDULE VIII-B REDUCTIONS -				
OPERATING				33B0000
ELIMINATE FULL TIME EQUIVALENT				
POSITIONS AND EXPENSES FROM HEALTH				
QUALITY AND ASSURANCE				33B2750
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND.....	1.00-	82,722-		2003
	=====	=====	=====	
EXPENSES				040000
HEALTH CARE TRUST FUND.....		6,555-		2003
	=====	=====	=====	
TOTAL: ELIMINATE FULL TIME EQUIVALENT				33B2750
POSITIONS AND EXPENSES FROM HEALTH				
QUALITY AND ASSURANCE				
BY FUND				
HEALTH CARE TRUST FUND.....	1.00-	89,277-		2003
SALARY RATE.....	60,896-			
	=====	=====	=====	

AGENCY ISSUE NARRATIVE:
 SCH VIII-B-2 NARR 11-12 NARRATIVE:
 1

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Eliminate Full Time Equivalent Position and Expense from Health Quality and Assurance

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

ISSUE DETAIL: The Agency recommends a reduction of \$89,277 from the Health Care Trust Fund. This issue eliminates one (1) full-time equivalent position in the Deputy Secretary for Health Quality Assurance office due to consolidation of

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE FULL TIME EQUIVALENT				
POSITIONS AND EXPENSES FROM HEALTH				
QUALITY AND ASSURANCE				33B2750

duties into other areas in the Division.

The Agency has gone from 1,865 FTEs in 2001-02 to 1,662.5 FTEs in 2010-11 while the budget has doubled from approximately \$10.4 million to \$20.8 million over the time. The Agency currently spends approximately 1.5% on administration/overhead and continues to look for ways to operate more efficiently and effectively.

BUDGET SUMMARY: The estimated reduction to the Division of Health Quality Assurance in FY 2011-12 is calculated as follows:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2011-12 TOTAL
Assistance Deputy Secretary for Health Quality Assurance	9078	550	(1.00)	(60,896)	(\$82,722)	(\$6,555)				(\$89,277)

Expenses are calculated at the Agency's standard cost for a professional position for FY 2011-12.

Health Care Trust Fund (2003)

	RECURRING FY 2011-12	NON-RECURRING FY 2011-12	TOTAL FY 2011-12
Salaries and Benefits (010000)	(\$82,722)	\$0	(\$82,722)
Health Care Trust Fund (2003-1)	(\$82,722)	\$0	(\$82,722)
Expenses (040000)	(\$6,555)	\$0	(\$6,555)
Health Care Trust Fund (2003-1)	(\$6,555)	\$0	(\$6,555)
Issue Total	(\$89,277)	\$0	(\$89,277)

(2003) Health Care Trust Fund

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
	POS	AMOUNT	POS	AMOUNT
STATE OPERATIONS				A
AGENCY/HEALTH CARE ADMIN				68000000
TOTAL: AGENCY/HEALTH CARE ADMIN				68000000
BY FUND TYPE				
GENERAL REVENUE FUND		1,130,672-		1000
TRUST FUNDS		2,323,013-		2000
TOTAL POSITIONS.....	1.00-			
TOTAL DEPARTMENT.....		3,453,685-		
TOTAL SALARY RATE.....	60,896-			
=====				
MEDICAID AND TANF				E
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>
OBJECTIVE:				
Purchase quality health care coverage and services for eligible beneficiaries.				
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
DISCONTINUE COVERAGE OF ADULT				
DENTAL SERVICES FOR PARTIAL				
DENTURES				33B2110
SPECIAL CATEGORIES				100000
ADULT DENTAL SERVICES				100903
GENERAL REVENUE FUND		671,520-		1000
MEDICAL CARE TRUST FUND		865,491-		2474
REFUGEE ASSISTANCE TF		12,764-		2579
TOTAL APPRO.....		1,549,775-		
=====				

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:

IT COMPONENT? NO

23

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
DISCONTINUE COVERAGE OF ADULT				
DENTAL SERVICES FOR PARTIAL				
DENTURES				33B2110

priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

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 11-12 is \$1,549,775. 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)
 Health Services to Individuals (1301000000)

FY 11-12

Recurring

Special Category:

Adult Dental Services (100903)	
General Revenue (FSI 2)	(\$671,520)
Medical Care Trust Fund (FSI 3)	(\$865,491)
Refugee Assistance Trust Fund (FSI 3)	(\$12,764)
Issue Total	(\$1,549,775)

SOURCE OF FUNDS:

General Revenue (State 43.33%)
 Medical Care Trust Fund (Federal 55.85%)
 Refugee Assistance Trust Fund (Federal 0.82%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATION OF THE PODIATRIST				
PROGRAM				33B2490
SPECIAL CATEGORIES				100000
PHYSICIAN SERVICES				102541
GENERAL REVENUE FUND	2,135,669-			1000
MEDICAL CARE TRUST FUND	2,756,765-			2474
REFUGEE ASSISTANCE TF	11,363-			2579
TOTAL APPRO.....	4,903,797-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 21

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Elimination of the Podiatrist Program

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 11-12, there will be an estimated 25,015 individuals who would utilize this optional service. Of this number an estimated 4,898 individuals are children and an estimated 20,117 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.

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATION OF THE PODIATRIST				
PROGRAM				33B2490

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Physician Services (102541)
 General Revenue (FSI 2) (\$2,135,669)
 Medical Care Trust Fund (FSI 3) (\$2,756,765)
 Refugee Assistance Trust Fund (FSI 3) (\$11,363)
 Issue Total (\$4,903,797)

SOURCE OF FUNDS:

General Revenue (State 43.55%)
 Medical Care Trust Fund (Federal 56.22%)
 Refugee Assistance Trust Fund (Federal 0.23%)

ELIMINATION OF THE CHIROPRACTIC				33B2500
PROGRAM				100000
SPECIAL CATEGORIES				102541
PHYSICIAN SERVICES				
GENERAL REVENUE FUND	704,376-			1000
MEDICAL CARE TRUST FUND	907,838-			2474
REFUGEE ASSISTANCE TF	3,745-			2579
TOTAL APPRO.....	1,615,959-			=====

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATION OF THE CHIROPRACTIC				
PROGRAM				33B2500

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 22

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

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 11-12, there will be an estimated 10,010 individuals who would utilize this optional service. Of this number an estimated 3,034 individuals are children and an estimated 6,976 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 11-12

Recurring

Special Category:

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATION OF THE CHIROPRACTIC PROGRAM				33B2500
Physician Services (102541)				
General Revenue (FSI 2)			(\$704,376)	
Medical Care Trust Fund (FSI 3)			(\$907,838)	
Refugee Assistance Trust Fund (FSI 3)			(\$3,745)	
Issue Total			(\$1,615,959)	
SOURCE OF FUNDS:				
General Revenue (State 43.59%)				
Medical Care Trust Fund (Federal 56.18%)				
Refugee Assistance Trust Fund (Federal 0.23%)				

ELIMINATION OF ADULT VISION AND HEARING SERVICES				33B2510
SPECIAL CATEGORIES				100000
ADULT VISION/HEARING SVCS				100062
GENERAL REVENUE FUND	7,846,271-			1000
MEDICAL CARE TRUST FUND	10,112,693-			2474
REFUGEE ASSISTANCE TF	267,293-			2579
TOTAL APPRO.....	18,226,257-			
=====				

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 20

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				
				E
				68000000
				68500000
				68501400
				13
				<u>1301.00.00.00</u>
				33B0000
				33B2510

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 11-12, there will be an estimated 841,251 individuals eligible to use these optional services and the projected cost for these services is \$18,226,257. 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 11-12

Recurring

Special Category:

Adult Vision/Hearing Services (100062)	
General Revenue (FSI 2)	(\$7,846,271)
Medical Care Trust Fund (FSI 3)	(\$10,112,693)
Refugee Assistance Trust Fund (FSI 3)	(\$267,293)
Issue Total	(\$18,226,257)

SOURCE OF FUNDS:

General Revenue (State 43.05%)
 Medical Care Trust Fund (Federal 55.48%)
 Refugee Assistance Trust Fund (Federal 1.47%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATION OF ADULT DENTAL				
SERVICES				33B2530
SPECIAL CATEGORIES				100000
ADULT DENTAL SERVICES				100903
GENERAL REVENUE FUND	13,224,957-			1000
MEDICAL CARE TRUST FUND	17,045,032-			2474
REFUGEE ASSISTANCE TF	251,377-			2579
TOTAL APPRO.....	30,521,366-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 19

IT COMPONENT? NO

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ISSUE TITLE: Elimination of Adult Dental Services

ISSUE SUMMARY: This budget reduction issue proposes termination of coverage for adult dental services for beneficiaries ages 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 11-12, there will be an estimated 841,251 individuals eligible to use these optional services and the projected cost for these services is \$30,521,366. 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 Dental Services Coverage and Limitations Handbook.

BUDGET SUMMARY:
 Health Care Services (68500000)

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
ELIMINATION OF ADULT DENTAL SERVICES				33B2530
Medicaid Services to Individuals (68501400)				
Health Services to Individuals (1301000000)				
FY 11-12			Recurring	
Special Category:				
Adult Dental Services (100903)				
General Revenue (FSI 2)			(\$13,224,957)	
Medical Care Trust Fund (FSI 3)			(\$17,045,032)	
Refugee Assistance Trust Fund (FSI 3)			(\$251,377)	
Issue Total			(\$30,521,366)	
SOURCE OF FUNDS:				
General Revenue (State 43.33%)				
Medical Care Trust Fund (Federal 55.85%)				
Refugee Assistance Trust Fund (Federal 0.82%)				

PLACE BEHAVIORAL HEALTH OVERLAY SERVICES CHILD WELFARE INTO THE CHILD WELFARE PREPAID MENTAL HEALTH PLAN				33B2890
SPECIAL CATEGORIES				100000
THERAPEUTIC SVCS - CHILD				100436
GENERAL REVENUE FUND	1,168,750-			1000
MEDICAL CARE TRUST FUND	1,506,348-			2474
TOTAL APPRO.....	2,675,098-			
=====				

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:

IT COMPONENT? NO

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
PLACE BEHAVIORAL HEALTH OVERLAY SERVICES CHILD WELFARE INTO THE CHILD WELFARE PREPAID MENTAL HEALTH PLAN				33B2890

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ISSUE TITLE: Place Behavioral Health Overlay Services Child Welfare into the Child Welfare Prepaid Mental Health Plan

ISSUE SUMMARY: For the Fiscal Year 08-09, expenditures for Behavioral Health Overlay Services Child Welfare for 2,091 recipients were \$8,517,519. The proposed reduction is to place these recipients into the Child Welfare Prepaid Mental Health Plan, which would deliver an estimated savings of \$2,675,098 for Fiscal Year 11-12.

ISSUE DETAIL: Behavioral health overlay services (BHOS) 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. Currently, children receiving DCF services may be placed in certified group care facilities that exclude them from the Child Welfare Prepaid Mental Health Plan (CWPMHP). These temporary placements provide the recipients a place to stay due to lack of an available foster home. During these placements, the recipients are exempted from the CWPMHP, the prepaid mental health plan (PMPM) capitation payments stop, and the certified group care facilities may bill for and receive payments for provision of BHOS services.

Behavioral health overlay services (BHOS) are statutorily excluded from managed care. This proposal would continue the CWPMHP enrollment and subsequently the PMHP capitation payment when a child is placed in a certified group care facility, reduce the extensive charges related to the behavioral health overlay services by eliminating payment for BHOS services while a child is in a certified group care facility, and ensure that the children have access to specialized therapeutic services to address the needs of children in the child welfare system.

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

Number of BHOS-CW recipients	2,091
Amount Paid for BHOS-CW	\$8,517,519

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
PLACE BEHAVIORAL HEALTH OVERLAY				
SERVICES CHILD WELFARE INTO THE				
CHILD WELFARE PREPAID MENTAL HEALTH				
PLAN				33B2890

FY 10-11 Composite Capitation
 Rate for CWPMPH \$232.84

Total Monthly CWPMPH
 Capitation for 2,091 Recipients \$486,868

Total Annual CWPMPH
 Capitation for 2,091 Recipients \$5,842,421

Total Savings (\$2,675,098)

Legislative authority is needed to achieve reduction.

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

FY 11-12 Recurring

Special Category:
 Therapeutic Services for Children (100436)
 General Revenue (FSI 2) (\$1,168,750)
 Medical Care Trust Fund (FSI 3) (\$1,506,348)
 Issue Total (\$2,675,098)

SOURCE OF FUNDS:
 General Revenue (State 43.69%)
 Medical Care Trust Fund (Federal 56.31%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
IMPLEMENT SUITABILITY ASSESSMENTS				
FOR CERTAIN CHILDREN TO ENTER THE				
STATEWIDE INPATIENT PSYCHIATRIC				
PROGRAM				33B2900
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
MEDICAL CARE TRUST FUND.....	3,262,075-			2474

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 11-12 NARRATIVE: IT COMPONENT? NO

8

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ISSUE TITLE: Implement Suitability Assessments for Certain Children to Enter the Statewide Inpatient Psychiatric Program

ISSUE SUMMARY: The calendar year 2009 estimated expenditures for the Statewide Inpatient Psychiatric program for 916 unique recipients was \$49,276,626. The proposed reduction is to implement a suitability assessment for community (non-dependent) children referred to the Statewide Inpatient Psychiatric Program (SIPP), which would generate an estimated savings of \$3,220,257 during Fiscal Year 11-12.

ISSUE DETAIL: Florida Statutes require that dependent children must have an independent suitability assessment completed prior to admission to inpatient psychiatric residential treatment, but non-dependent children can be assessed by their own treating provider (s. 39.407(6)(b),F.S.). The independent suitability assessment is done by a licensed psychologist or psychiatrist under contract to the Agency. They must not have any ties to the SIPP. This helps ensure that the evaluator is fully qualified to make a determination of the best setting of care for the child, that he or she has no conflict of interest in making a recommendation of placement, and that the evaluator understands the SIPP service fully before recommending it.

The cost of a suitability assessment is \$421.11. In calendar 2009, 916 unique recipients (community and dependent) were served, for a total of 121,371 bed days and with a per diem rate of \$406 per day. Approximately 75% of youth in SIPP are community children (non-dependent). The Agency took a conservative savings of 10% for this proposal, however, well under

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
IMPLEMENT SUITABILITY ASSESSMENTS FOR CERTAIN CHILDREN TO ENTER THE STATEWIDE INPATIENT PSYCHIATRIC PROGRAM				33B2900

50% of dependent youth are recommended for SIPP level of care, with the remaining youth recommended for Therapeutic Group Care or Alternative Placement. The potential savings could possibly be more.

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

Number of Community Children	75% x 916 = 687
Assuming 1.5 Suitability Assessments	1.5 x 687 = 1,030
Number of Community Bed Days Utilized	75% x 121,371 = 91,028
10% Reduction in Number of Bed Days	10% x 91,028 = 9,103
Reduced Cost of SIPP Service	9,103 x \$406 = \$3,695,818
Estimated New Expenditures for Suitability Assessments/Community Children	1,030 x \$421.11 = \$433,743
Reduced Cost to SIPP Service	(\$3,695,818)
Net Savings	(\$3,262,075)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12 Recurring

Special Category:

Hospital Inpatient Service (101582)
 Medical Care Trust Fund (FSI 2) (\$1,425,201)
 Medical Care Trust Fund (FSI 3) (\$1,836,874)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
IMPLEMENT SUITABILITY ASSESSMENTS				
FOR CERTAIN CHILDREN TO ENTER THE				
STATEWIDE INPATIENT PSYCHIATRIC				
PROGRAM				33B2900
Issue Total			(\$3,262,075)	
SOURCE OF FUNDS:				
Medical Care Trust Fund (State 43.69%)				
Medical Care Trust Fund (Federal 56.31%)				

ELIMINATE HOSPITALIST CONTRACTS				33B2920
SPECIAL CATEGORIES				100000
PHYSICIAN SERVICES				102541
GENERAL REVENUE FUND	2,724,050-			1000
MEDICAL CARE TRUST FUND	3,510,901-			2474
TOTAL APPRO.....	6,234,951-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 2

IT COMPONENT? NO

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ISSUE TITLE: Eliminate Hospitalist Contracts

ISSUE SUMMARY: The Fiscal Year 10-11 contract amounts for the Agency's three hospitalist contracts total \$8,963,850. The proposed reduction is to eliminate these contracts.

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE HOSPITALIST CONTRACTS				33B2920

ISSUE DETAIL: The Agency has contracted with three (3) vendors to develop and manage a comprehensive hospitalist program in 15 participating hospitals located in Miami-Dade and Palm Beach counties. The program became operational on May 1, 2007 and was implemented to manage the inpatient hospital length of stay for fee-for-service and MediPass Medicaid recipients. Hospitals were chosen to participate in the program by calculating a case mix adjusted average length of stay (ALOS) for each county. Any hospital with an ALOS higher than the county average was selected as a participant. The program goals are as follows:

- Enhance the promptness, consistency and quality of services provided in the hospital;
- Reduce readmission rates; and
- Streamline the administration and coordination of all clinical services provided to recipients in the hospital in an effort reduce the length of stay and facilitate an appropriate discharge.

The hospitalist pilot program was originally designed to reduce the length of stay of inpatient hospitalizations and readmission rates, while also replacing the existing utilization management program. The Agency is not able to eliminate the current utilization management program for inpatient services in these counties, per federal guidelines and at the direction of the Centers for Medicare and Medicaid Services, so we continue to pay for two contracts that manage the length of stay for inpatient services. The Agency is duplicating efforts maintaining both programs.

The three current vendors have never been able to bill for the full amount of their contracts because the admission rates have been much lower than they were estimated since the inception of the program. The hospitalist vendor is paid a capitated rate for the entire admission. The program eliminates the opportunity for any other physician to be reimbursed for performing rounds because the hospitalist physician manages the recipient's entire hospital stay. The savings associated with eliminating the contracts would be offset by the Fiscal Year 09-10 estimated expenditures that will be incurred from the primary care physicians or other attending physicians who will be able to be reimbursed daily for performing rounds.

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

Annual Contract Cost	\$8,963,850
09-10 Physician Expenditures	\$2,728,899
Net Savings	(\$6,234,951)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:
 Health Care Services (68500000)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE HOSPITALIST CONTRACTS				33B2920
Medicaid Services to Individuals (68501400)				
Health Services to Individuals (1301000000)				
FY 11-12		Recurring		
Special Category:				
Physician Services (102541)				
General Revenue (FSI 2)		(\$2,724,050)		
Medical Care Trust Fund (FSI 3)		(\$3,510,901)		
Issue Total		(\$6,234,951)		
SOURCE OF FUNDS:				
General Revenue (State 43.69%)				
Medical Care Trust Fund (Federal 56.31%)				

ELIMINATE THE ALTERNATIVE THERAPY				
DISEASE MANAGEMENT PROGRAM				33B2950
SPECIAL CATEGORIES				100000
CASE MANAGEMENT				100311
GENERAL REVENUE FUND	438,770-			1000
MEDICAL CARE TRUST FUND	565,510-			2474
TOTAL APPRO.....	1,004,280-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 5

IT COMPONENT? NO

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	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
ELIMINATE THE ALTERNATIVE THERAPY				
DISEASE MANAGEMENT PROGRAM				33B2950

Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Eliminate the Alternative Therapy Disease Management Program

ISSUE SUMMARY: The proposed reduction is to eliminate the Alternative Therapy Disease Management program. This contract does not support the savings the Agency anticipated generating through this program. This would generate an estimated savings of \$1,004,280 for Fiscal Year 11-12.

ISSUE DETAIL: The Alternative Therapy program is a disease management program that provides disease management services to recipients identified with chronic pain. The program is limited to a few counties in Medicaid Area 5 and Area 6 (Pinellas, Pasco, Hillsborough) and serves a small population, approximately 463 individuals are being served. This program can be eliminated because the Agency currently has proviso that directs the Agency to procure a disease management program in Medicaid Area 6 that is a Federally Qualified Health Center (FQHC) based program. The future disease management program could potentially serve this population.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Case Management (100311)
 General Revenue (FSI 2) (\$ 438,770)
 Medical Care Trust Fund (FSI 3) (\$ 565,510)
 Issue Total (\$1,004,280)

SOURCE OF FUNDS:

General Revenue (State 43.69%)
 Medical Care Trust Fund (Federal 56.31%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
EXCLUDE THE DUAL ELIGIBLES FROM THE				
HUMAN IMMUNODEFICIENCY VIRUS (HIV)/				
ACQUIRED IMMUNE DEFICIENCY SYNDROME				
(AIDS) DISEASE MANAGEMENT PROGRAM				33B2960
SPECIAL CATEGORIES				100000
CASE MANAGEMENT				100311
GENERAL REVENUE FUND	1,484,918-			1000
MEDICAL CARE TRUST FUND	1,913,842-			2474
TOTAL APPRO.....	3,398,760-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 7

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Exclude the Dual Eligibles from the HIV/AIDS Disease Management Program

ISSUE SUMMARY: The proposed reduction is to exclude the dual eligibles from participating in the HIV/AIDS Disease Management program. This would generate an estimated savings of \$3,398,760 for Fiscal Year 11-12.

ISSUE DETAIL: Currently, dual eligibles (persons eligible for both Medicare and Medicaid) that receive Project AIDS Care (PAC) Waiver services are eligible to be enrolled in the HIV/AIDS Disease Management program. This is the only Disease Management program that allows dual eligibles to enroll, and was begun as a move toward full integration of services for the dual eligible population. As the Medicare Advantage Special Needs plans are being implemented, Medicaid is moving forward with the federal mandate of full integration of services and therefore this initial step of allowing the dual eligible to be enrolled in Disease Management can be eliminated.

There are currently 3,147 PAC waiver recipients enrolled in the Disease Management program. The per member per month cost is \$90 for this population. Exclusion of this population could result in reduction in contract amount of \$3,398,760 per year. This would reduce the total contract amount by almost 50% per year.

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
EXCLUDE THE DUAL ELIGIBLES FROM THE				
HUMAN IMMUNODEFICIENCY VIRUS (HIV)/				
ACQUIRED IMMUNE DEFICIENCY SYNDROME				
(AIDS) DISEASE MANAGEMENT PROGRAM				33B2960

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

Number of PAC Waiver Recipients 3,147
 PMPM \$90
 Monthly Savings (\$283,230)
 Annual Savings (\$3,398,760)

Legislative authority is needed to achieve reduction.

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

FY 11-12 Recurring
 Special Category:
 Case Management (100311)
 General Revenue (FSI 2) (\$1,484,918)
 Medical Care Trust Fund (FSI 3) (\$1,913,842)
 Issue Total (\$3,398,760)

SOURCE OF FUNDS:
 General Revenue (State 43.69%)
 Medical Care Trust Fund (Federal 56.31%)

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
INSTITUTIONAL PROVIDER UNIT COST				
FREEZE				33B2970
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
GENERAL REVENUE FUND	76,196,034-			1000
MEDICAL CARE TRUST FUND	98,224,432-			2474
REFUGEE ASSISTANCE TF	79,767-			2579
TOTAL APPRO.....	174,500,233-			
HOSPITAL OUTPATIENT SVCS				101596
GENERAL REVENUE FUND	19,121,726-			1000
MEDICAL CARE TRUST FUND	24,648,139-			2474
REFUGEE ASSISTANCE TF	73,607-			2579
TOTAL APPRO.....	43,843,472-			
ICF/DD COMMUNITY				101649
GENERAL REVENUE FUND	1,025,084-			1000
MEDICAL CARE TRUST FUND	1,321,183-			2474
TOTAL APPRO.....	2,346,267-			
NURSING HOME CARE				102233
GENERAL REVENUE FUND	69,485,244-			1000
MEDICAL CARE TRUST FUND	89,556,285-			2474
TOTAL APPRO.....	159,041,529-			

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
INSTITUTIONAL PROVIDER UNIT COST				
FREEZE				33B2970
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND	52,937,852-			1000
MEDICAL CARE TRUST FUND	68,239,128-			2474
REFUGEE ASSISTANCE TF	447,377-			2579
TOTAL APPRO.....	121,624,357-			
CLINIC SERVICES				103742
GENERAL REVENUE FUND	4,893,869-			1000
MEDICAL CARE TRUST FUND	6,307,481-			2474
REFUGEE ASSISTANCE TF	62,852-			2579
TOTAL APPRO.....	11,264,202-			
TOTAL: SPECIAL CATEGORIES				100000
BY FUND				
GENERAL REVENUE FUND	223,659,809-			1000
MEDICAL CARE TRUST FUND	288,296,648-			2474
REFUGEE ASSISTANCE TF	663,603-			2579
TOTAL MAJOR APPRO.....	512,620,060-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 10

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

	COL A93		COL A94		COL A95		CODES
	SCH VIIIIB-2	REDUCTIONS	SCH VIIIIB-2	NR FY11-12	SCH VIIIIB-2	ANZ FY11-12	
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF							E
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>
SCHEDULE VIIIIB REDUCTIONS -							
OPERATING							33B0000
INSTITUTIONAL PROVIDER UNIT COST							
FREEZE							33B2970

ISSUE TITLE: Institutional Provider Unit Cost Freeze

ISSUE SUMMARY: This budget reduction issue proposes freezing the unit cost for Inpatient Hospitals, Outpatient Hospitals, Nursing Homes, County Health Departments, Community Intermediate Care Facilities for the Developmentally Disabled, and Prepaid Health Plans beginning July 1, 2011 and ending June 30, 2012.

ISSUE DETAIL: In Florida Statute 409.908(23)(a), the Agency was directed to establish rates at a level that would ensure no increase in statewide expenditures resulting from a change in unit costs for two fiscal years beginning July 1, 2009. This provision is set to expire June 30, 2011. This issue would continue the policy of a rate freeze however; the savings are achieved by resetting the freeze level at the June 30, 2010 level rather than the June 30, 2008 level currently in law. The anticipated savings would be \$512,620,060.

Statutory changes would be needed to implement this proposal.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Hospital Inpatient Services (101582)
 General Revenue (FSI 2) (\$76,196,034)
 Medical Care Trust Fund (FSI 3) (\$98,224,432)
 Refugee Assistance Trust Fund (FSI 3) (\$79,767)
 Issue Total (\$174,500,233)

Hospital Outpatient Services (101596)
 General Revenue (FSI 2) (\$19,121,726)
 Medical Care Trust Fund (FSI 3) (\$24,648,139)
 Refugee Assistance Trust Fund (FSI 3) (\$73,607)
 Issue Total (\$43,843,472)

Prepaid Health Plans (102673)
 General Revenue (FSI 2) (\$52,937,852)

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	

MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
INSTITUTIONAL PROVIDER UNIT COST				
FREEZE				33B2970
Medical Care Trust Fund (FSI 3)			(\$68,239,128)	
Refugee Assistance Trust Fund (FSI 3)			(\$447,377)	
Issue Total			(\$121,624,357)	
Clinic Services (103742)				
General Revenue (FSI 2)			(\$4,893,869)	
Medical Care Trust Fund (FSI 3)			(\$6,307,481)	
Refugee Assistance Trust Fund (FSI 3)			(\$62,852)	
Issue Total			(\$11,264,202)	
Health Care Services (68500000)				
Medicaid Long Term Care (68501500)				
Long Term Care (1303000000)				
Nursing Home Care (102233)				
General Revenue (FSI 2)			(\$69,485,244)	
Medical Care Trust Fund (FSI 3)			(\$89,556,285)	
Issue Total			(\$159,041,529)	
Intermediate Care Facilities/Dev Disabled Community (101649)				
General Revenue (FSI 2)			(\$1,025,084)	
Medical Care Trust Fund (FSI 3)			(\$1,321,183)	
Issue Total			(\$2,346,267)	
Total Issue				
General Revenue (FSI 2)			(\$223,659,809)	
Medical Care Trust Fund (FSI 3)			(\$288,296,648)	
Refugee Assistance Trust Fund (FSI 3)			(\$663,603)	
Issue Total			(\$512,620,060)	
SOURCE OF FUNDS:				
General Revenue (State 43.63%)				
Medical Care Trust Fund (Federal 56.24%)				
Refugee Assistance Trust Fund (Federal 0.13%)				

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
HOSPITAL INPATIENT RATE REDUCTION OF 2.14 PERCENT				33B2980
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
GENERAL REVENUE FUND	37,588,431-			1000
MEDICAL CARE TRUST FUND	48,668,455-			2474
REFUGEE ASSISTANCE TF	44,805-			2579
TOTAL APPRO.....	86,301,691-			
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND	9,778,631-			1000
MEDICAL CARE TRUST FUND	12,604,900-			2474
REFUGEE ASSISTANCE TF	76,975-			2579
TOTAL APPRO.....	22,460,506-			
TOTAL: SPECIAL CATEGORIES BY FUND				100000
GENERAL REVENUE FUND	47,367,062-			1000
MEDICAL CARE TRUST FUND	61,273,355-			2474
REFUGEE ASSISTANCE TF	121,780-			2579
TOTAL MAJOR APPRO.....	108,762,197-			

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 11

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				
				E
				68000000
				68500000
				68501400
				13
				<u>1301.00.00.00</u>
				33B0000
				33B2980

ISSUE TITLE: Hospital Inpatient Rate Reduction of 2.14 Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to reduce the reimbursement rates for Hospital Inpatient Services by 2.14 percent. This would reduce General Revenue by \$47.4 million and Federal Funds by \$61.4 million for a total reduction of \$108.8 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that a price level reduction adjustment of 2.14 percent be made to reduce the Hospital Inpatient Services.

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

		2.14%	Reduction	11-12 Reduction
HOSPITAL INPATIENT SERVICES				
Medicaid Caseload	1,274,839	1,274,839		
Medicaid Utilization Rate	2.88%	2.88%		
Medicaid Admissions Per Month	36,770	36,770		
Medicaid Days Per Admission	5.09	5.09		
Medicaid Per Diem	\$1,795.88	\$1,757.45	(\$38.43)	
Medicaid Total Cost	\$4,032,789,286	\$3,946,487,595	(\$86,301,691)	(\$86,301,691)
PREPAID HEATHLH PLANS				
Caseload	1,169,818	1,169,818		
Unit Cost	\$216.48	\$214.56	(\$1.92)	
Total Cost	\$3,038,894,635	\$3,011,942,028	(\$27,952,607)	(\$22,460,506)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Hospital Inpatient Service (101582)
 General Revenue (FSI 2) (\$37,588,431)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES

MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
HOSPITAL INPATIENT RATE REDUCTION				
OF 2.14 PERCENT				33B2980
Medical Care Trust Fund (FSI 3)			(\$48,668,455)	
Refugee Assistance Trust Fund (FSI 3)			(\$44,805)	
Total			(\$86,301,691)	
Prepaid Health Plans (102673)				
General Revenue (FSI 2)			(\$9,778,631)	
Medical Care Trust Fund (FSI 3)			(\$12,604,900)	
Refugee Assistance Trust Fund (FSI 3)			(\$76,975)	
Total			(\$22,460,506)	
Issue Total				
General Revenue (FSI 2)			(\$47,367,062)	
Medical Care Trust Fund (FSI 3)			(\$61,273,355)	
Refugee Assistance Trust Fund (FSI 3)			(\$121,780)	
Issue Total			(\$108,762,197)	
SOURCE OF FUNDS:				
General Revenue (State 43.55%)				
Medical Care Trust Fund (Federal 56.34%)				
Refugee Assistance Trust Fund (Federal 0.11%)				

HOSPITAL OUTPATIENT RATE REDUCTION				
OF 2.14 PERCENT				33B2990
SPECIAL CATEGORIES				100000
HOSPITAL OUTPATIENT SVCS				101596
GENERAL REVENUE FUND	9,375,941-			1000
MEDICAL CARE TRUST FUND	12,154,105-			2474
REFUGEE ASSISTANCE TF	31,600-			2579
TOTAL APPRO.....	21,561,646-			=====

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
HOSPITAL OUTPATIENT RATE REDUCTION				
OF 2.14 PERCENT				33B2990
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND	2,860,556-			1000
MEDICAL CARE TRUST FUND	3,686,838-			2474
REFUGEE ASSISTANCE TF	22,516-			2579
TOTAL APPRO.....	6,569,910-			
TOTAL: SPECIAL CATEGORIES				100000
BY FUND				
GENERAL REVENUE FUND	12,236,497-			1000
MEDICAL CARE TRUST FUND	15,840,943-			2474
REFUGEE ASSISTANCE TF	54,116-			2579
TOTAL MAJOR APPRO.....	28,131,556-			

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 11-12 NARRATIVE:

IT COMPONENT? NO

13

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Hospital Outpatient Rate Reduction of 2.14 Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to reduce the reimbursement rates for Hospital Outpatient Services by 2.14 percent. This would reduce General Revenue by \$12.2 million and Federal Funds by \$15.9 million for a total reduction of \$28.1 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that a price level reduction adjustment of 2.14 percent be made to reduce the Hospital Outpatient Services.

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				
				E
				68000000
				68500000
				68501400
				13
				<u>1301.00.00.00</u>
				33B0000
				33B2990

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

			Reduction	11-12 Reduction
HOSPITAL OUTPATIENT SERVICES		2.14%		
Medicaid Caseload	1,274,839	1,274,839		
Medicaid Utilization Rate	80.91%	80.91%		
Medicaid Services Per Month	1,031,522	1,031,522		
Medicaid Unit Cost	\$81.40	\$79.66	(\$2)	
Medicaid Total Cost	\$1,007,553,563	\$985,991,917	(\$21,561,646)	(\$21,561,646)
PREPAID HEALTH PLAN				
Caseload	1,169,818	1,169,818		
Unit Cost	\$216.48	\$215.92	(\$0.56)	
Total Cost	\$3,038,894,635	\$3,030,010,743	(\$7,883,892)	(\$6,569,910)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Hospital Outpatient Service (101596)
 General Revenue (FSI 2) (\$9,375,941)
 Medical Care Trust Fund (FSI 3) (\$12,154,105)
 Refugee Assistance Trust Fund (FSI 3) (\$31,600)
 Total (\$21,561,646)

Prepaid Health Plans (102673)
 General Revenue (FSI 2) (\$2,860,556)
 Medical Care Trust Fund (FSI 3) (\$3,686,838)
 Refugee Assistance Trust Fund (FSI 3) (\$22,516)
 Total (\$6,569,910)

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
	POS	POS	POS	
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
HOSPITAL OUTPATIENT RATE REDUCTION OF 2.14 PERCENT				33B2990
Issue Total				
General Revenue (FSI 2)			(\$12,236,497)	
Medical Care Trust Fund (FSI 3)			(\$15,840,943)	
Refugee Assistance Trust Fund (FSI 3)			(\$54,116)	
Issue Total			(\$28,131,556)	
SOURCE OF FUNDS:				
General Revenue (State 43.50%)				
Medical Care Trust Fund (Federal 56.31%)				
Refugee Assistance Trust Fund (Federal 0.19%)				

COUNTY HEALTH DEPARTMENTS RATE REDUCTION OF 2.14 PERCENT				33B3020
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND	301,982-			1000
MEDICAL CARE TRUST FUND	389,262-			2474
REFUGEE ASSISTANCE TF	2,378-			2579
TOTAL APPRO.....	693,622-			
CLINIC SERVICES				103742
GENERAL REVENUE FUND	1,413,841-			1000
MEDICAL CARE TRUST FUND	1,822,235-			2474
REFUGEE ASSISTANCE TF	18,158-			2579
TOTAL APPRO.....	3,254,234-			

	COL A93	COL A94	COL A95	
	SCH VIII-B-2	SCH VIII-B-2	SCH VIII-B-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIII-B REDUCTIONS -				
OPERATING				33B0000
COUNTY HEALTH DEPARTMENTS RATE				
REDUCTION OF 2.14 PERCENT				33B3020
SPECIAL CATEGORIES				100000
TOTAL: SPECIAL CATEGORIES				100000
BY FUND				
GENERAL REVENUE FUND	1,715,823-			1000
MEDICAL CARE TRUST FUND	2,211,497-			2474
REFUGEE ASSISTANCE TF	20,536-			2579
TOTAL MAJOR APPRO.....	3,947,856-			

AGENCY ISSUE NARRATIVE:
 SCH VIII-B-2 NARR 11-12 NARRATIVE:
 15

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: County Health Departments Rate Reduction of 2.14 Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to reduce the reimbursement rates for County Health Departments by 2.14 percent. This would reduce General Revenue by \$1.7 million and Federal Funds by \$2.3 million for a total reduction of \$4.0 million.

ISSUE DETAIL:
 The Agency for Health Care Administration is recommending that a price level reduction adjustment of 2.14 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		2.14%	Reduction	11-12 Reduction
Medicaid Caseload	1,274,839	1,274,839		
Medicaid Utilization Rate	5.18%	5.18%		

	COL A93	COL A94	COL A95		
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2		
	REDUCTIONS	NR FY11-12	ANZ FY11-12		
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT
					CODES
MEDICAID AND TANF					E
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>
SCHEDULE VIIIIB REDUCTIONS -					
OPERATING					33B0000
COUNTY HEALTH DEPARTMENTS RATE					
REDUCTION OF 2.14 PERCENT					33B3020
Medicaid Services Per Month	66,030	66,030			
Medicaid Unit Cost	\$191.92	\$187.81			(\$4.11)
Medicaid Total Cost	\$152,066,987	\$148,812,753			(\$3,254,234) (\$3,254,234)
PREPAID HEALTH PLAN					
Caseload	1,169,818	1,169,818			
Unit Cost	\$216.48	\$216.42			(\$0.06)
Total Cost	\$3,038,894,635	\$3,038,062,290			(\$832,345) (\$693,621)
Legislative authority is needed to achieve reduction.					
BUDGET SUMMARY:					
Health Care Services (68500000)					
Medicaid Services to Individuals (68501400)					
Health Services to Individuals (1301000000)					
FY 11-12 Recurring					
Special Category:					
Clinic Services (103742)					
General Revenue (FSI 2) (\$1,413,841)					
Medical Care Trust Fund (FSI 3) (\$1,822,235)					
Refugee Assistance Trust Fund (FSI 3) (\$18,158)					
Total (\$3,254,234)					
Prepaid Health Plans (102673)					
General Revenue (FSI 2) (\$301,982)					
Medical Care Trust Fund (FSI 3) (\$389,262)					
Refugee Assistance Trust Fund (FSI 3) (\$2,378)					
Total (\$693,621)					
Issue Total					
General Revenue (FSI 2) (\$1,715,823)					
Medical Care Trust Fund (FSI 3) (\$2,211,497)					
Refugee Assistance Trust Fund (FSI 3) (\$20,536)					
Issue Total (\$3,947,855)					

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
COUNTY HEALTH DEPARTMENTS RATE				
REDUCTION OF 2.14 PERCENT				33B3020
SOURCE OF FUNDS:				
General Revenue (State 43.46%)				
Medical Care Trust Fund (Federal 56.02%)				
Refugee Assistance Trust Fund (Federal 0.52%)				

HOSPITAL INPATIENT ASSESSMENT				
INCREASE OF ONE PERCENT				33B3030
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
GENERAL REVENUE FUND	223,735,329-			1000
PUB MEDICAL ASST TF	223,735,329			2565
TOTAL APPRO.....				

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 16

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Hospital Inpatient Assessment Increase of One Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to increase the Public Medical Assistance Trust Fund Assessment for Hospital Inpatient Services by one percent. This would reduce General Revenue by \$223.7 million and increase the Public Medical Assistance Trust Fund by \$223.7 million that will net to zero.

ISSUE DETAIL: The Agency for Health Care Administration currently has an assessment rate of 1.50 percent on total

	COL A93		COL A94		COL A95		CODES
	SCH VIIIIB-2	REDUCTIONS	SCH VIIIIB-2	NR FY11-12	SCH VIIIIB-2	ANZ FY11-12	
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF							E
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>
SCHEDULE VIIIIB REDUCTIONS -							
OPERATING							33B0000
HOSPITAL INPATIENT ASSESSMENT							
INCREASE OF ONE PERCENT							33B3030

inpatient revenue as stated in Section 395.701 F.S. The Agency is recommending that a 1 percent increase be applied to the assessment for a total assessment on total inpatient revenue of 2.5 percent which will decrease General Revenue and increase the Public Medical Assistance Trust Fund for the Hospital Inpatient Services budget line item.

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

2009 Hospital Data	Current Net IP Assessment	Proposed Net IP Assessment
Total IP Revenue	\$22,373,532,917	\$22,373,532,917
Assessment Rate	1.50%	2.50%
Assessment Amount	\$335,602,994	\$559,338,323
Increase Over Current		\$223,735,329

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Hospital Inpatient Service (101582)
 General Revenue (FSI 2) (\$223,735,329)
 Public Medical Care Trust Fund (FSI 2) \$223,735,329
 Total \$0

Issue Total

General Revenue (FSI 2) (\$223,735,329)
 Public Medical Care Trust Fund (FSI 2) \$223,735,329
 Issue Total \$0

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
HOSPITAL INPATIENT ASSESSMENT				
INCREASE OF ONE PERCENT				33B3030
SOURCE OF FUNDS:				
General Revenue (State 100%)				
Public Medical Care Trust Fund (State 100%)				

HOSPITAL OUTPATIENT ASSESSMENT				
INCREASE OF ONE PERCENT				33B3040
SPECIAL CATEGORIES				100000
HOSPITAL OUTPATIENT SVCS				101596
GENERAL REVENUE FUND	122,015,301-			1000
PUB MEDICAL ASST TF	122,015,301			2565
TOTAL APPRO.....	=====	=====	=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 17

IT COMPONENT? NO

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ISSUE TITLE: Hospital Outpatient Assessment Increase of One Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to increase the Public Medical Assistance Trust Fund Assessment for Hospital Outpatient Services by one percent. This would reduce General Revenue by \$122.0 million and increase the Public Medical Assistance Trust Fund by \$122.0 million that will net to zero.

ISSUE DETAIL: The Agency for Health Care Administration currently has an assessment rate of 1.0 percent on total outpatient revenue as stated in Section 395.701 F.S. The Agency is recommending that a 1 percent increase be applied to

	COL A93		COL A94		COL A95		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF							E
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>
SCHEDULE VIIIIB REDUCTIONS -							
OPERATING							33B0000
HOSPITAL OUTPATIENT ASSESSMENT							
INCREASE OF ONE PERCENT							33B3040

the assessment for a total assessment on total outpatient revenue of 2.0 percent which will decrease General Revenue and increase the Public Medical Assistance Trust Fund for the Hospital Outpatient Services budget line item.

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

2009 Hospital Data	Current Net OP Assessment	Proposed Net OP Assessment
Total OP Revenue	\$12,201,530,073	\$12,201,530,073
Assessment Rate	1.0%	2.0%
Assessment Amount	\$122,015,301	\$244,030,601
Increase Over Current		\$122,015,301

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Hospital Outpatient Service (101596)	
General Revenue (FSI 2)	(\$122,015,301)
Public Medical Care Trust Fund (FSI 2)	\$122,015,301
Total	\$0

Issue Total

General Revenue (FSI 2)	(\$122,015,301)
Public Medical Care Trust Fund (FSI 2)	\$122,015,301
Issue Total	\$0

SOURCE OF FUNDS:

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
HOSPITAL OUTPATIENT ASSESSMENT				
INCREASE OF ONE PERCENT				33B3040
General Revenue (State 100%)				
Public Medical Care Trust Fund (State 100%)				

HEALTH MAINTENANCE ORGANIZATION				
(HMO) ASSESSMENT OF ONE PERCENT				33B3050
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND	71,499,591-			1000
MEDICAL CARE TRUST FUND	71,499,591			2474
TOTAL APPRO.....				

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 18

IT COMPONENT? NO

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ISSUE TITLE: Health Maintenance Organization (HMO) Assessment of One Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to require a one percent assessment on managed care organizations. This would reduce General Revenue by \$71.5 million and increase the Medical Care Trust Fund by \$71.5 million that will net to zero.

ISSUE DETAIL: The Agency for Health Care Administration currently does not have an assessment on managed care organizations. This would be a 1.0 percent assessment on total HMO premiums. Currently, Section 624.509, F.S., provides

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
HEALTH MAINTENANCE ORGANIZATION				
(HMO) ASSESSMENT OF ONE PERCENT				33B3050

for a premium tax on certain insurers to be collected by the Department of Revenue on or before March 1 in each year, for premiums and other specified considerations received by the insurer during the preceding calendar year. 12B-8.001, F.A.C., provides for the rate and computation of the premium tax. The rule provides for installments of tax filed on April 15, June 15, and October 15 which shows the amount of tax due for the preceding quarter, except that the June 15 installment shall be for the period ending June 30. Payment of the estimated tax is due at the time the reports are filed. On or before March 1, an annual return shall be filed showing, by quarters, the gross amount of receipts taxable for the preceding year and the installment payments made during the year. A final payment of tax due for the preceding year shall be made at the time the annual report is filed. The assumption is that the premiums will be collected under similar provisions.

The Managed Care Quarterly Data Summary as of March 31, 2010 from the Florida Office of Insurance Regulation was used to determine the 1 percent assessment amount. It shows total HMO premiums for calendar year 2010 through March 2010. Total HMO premiums for calendar year 2010 were estimated by a straight line projection. The estimated annual premiums were adjusted to deduct Medicare, Federal Employees Plans, and the estimated federal share of Medicaid related premiums. The total estimated annual premiums subject to the assessment is \$7.15 billion. The Agency is recommending that a 1 percent assessment be applied which will decrease General Revenue and increase the Medical Care Trust Fund for the Prepaid Health Plan budget line item.

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12	Recurring
Special Category:	
Prepaid Health Plans (102673)	
General Revenue (FSI 2)	(\$71,499,591)
Medical Care Trust Fund (FSI 2)	\$71,499,591
Total	\$0
Issue Total	
General Revenue (FSI 2)	(\$71,499,591)
Medical Care Trust Fund (FSI 2)	\$71,499,591
Issue Total	\$0

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
HEALTH MAINTENANCE ORGANIZATION				
(HMO) ASSESSMENT OF ONE PERCENT				33B3050
SOURCE OF FUNDS:				
General Revenue (State 100%)				
Medical Care Trust Fund (State 100%)				

TOTAL: SCHEDULE VIIIIB REDUCTIONS -				33B0000
OPERATING				
BY FUND				
GENERAL REVENUE FUND	732,628,693-			1000
MEDICAL CARE TRUST FUND	338,569,347-			2474
PUB MEDICAL ASST TF	345,750,630			2565
REFUGEE ASSISTANCE TF	1,406,577-			2579
TOTAL SUMMARY ISSUE.....	726,853,987-			
	=====	=====	=====	
TOTAL: MEDICAID SERV/INDIVIDUALS				68501400
BY FUND TYPE				
GENERAL REVENUE FUND	732,628,693-			1000
TRUST FUNDS	5,774,706			2000
TOTAL BUREAU.....	726,853,987-			
	=====	=====	=====	

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>

OBJECTIVE:

Purchase quality long term care services for eligible beneficiaries.

SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
REDUCE THE NUMBER OF ALLOWABLE				
BED-HOLD DAYS FOR NURSING				
FACILITIES				33B2910
SPECIAL CATEGORIES				100000
NURSING HOME CARE				102233
GENERAL REVENUE FUND	2,601,807-			1000
MEDICAL CARE TRUST FUND	3,353,346-			2474
TOTAL APPRO.....	5,955,153-			

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 11-12 NARRATIVE:

IT COMPONENT? NO

6

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Reduce the Number of Allowable Bed-Hold Days for Nursing Facilities

ISSUE SUMMARY: The proposed reduction is to reduce the number of days Medicaid pays to hold a nursing home bed from eight days to five days, while the recipient is temporarily discharged to a hospital or into a community setting. This would generate an estimated savings of \$5,955,153 for Fiscal Year 11-12.

ISSUE DETAIL: The nursing facility bed-hold policy states that the facility must have at least a 95.0% occupancy rate (for prior quarter) in order to bill Medicaid for bed-hold days. Nursing facility bed-hold days are paid at 100% of the facility's per diem rate. Bed-hold payments are made when the recipient is temporarily discharged from the nursing facility for up to:

- 8 days per hospitalization (no annual limit); and
- 16 days in the community (therapeutic leave) per state fiscal year.

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
REDUCE THE NUMBER OF ALLOWABLE BED-HOLD DAYS FOR NURSING FACILITIES				33B2910

Medicaid will not pay for nursing facility absences for:

- residents who have applied for but have not yet been found eligible for the Institutional Care Program (ICP)(the resident's ICP eligibility determination is pending approval);
- residents residing in rural swing beds or hospital-based skilled nursing units;
- retroactive ICP approvals; or
- dually-eligible residents that are in the Medicare Part A only covered period or a Medicare Part A and coinsurance period (Medicare does not make payment for nursing facility absences).

The following details reflect the calculations used as the basis for developing this issue which assumes that 0.5% of days are bed hold days:

Reduction if the Agency Pays for:

	0 Days	2 Days	4 Days	7 Days	5 Days
Nursing Homes					
General Revenue	(\$ 6,938,151)	(\$5,203,613)	(\$3,469,076)	(\$ 867,269)	(\$2,601,807)
MCTF	(\$ 8,942,258)	(\$6,706,694)	(\$4,471,129)	(\$1,117,782)	(\$3,353,346)
Total	(\$15,880,409)	(\$11,910,307)	(\$7,940,205)	(\$1,985,051)	(\$5,955,153)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Nursing Home Care (102233)
 General Revenue (FSI 2) (\$2,601,807)
 Medical Care Trust Fund (FSI 3) (\$3,510,901)
 Issue Total (\$5,955,153)

SOURCE OF FUNDS:

General Revenue (State 43.69%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
REDUCE THE NUMBER OF ALLOWABLE				
BED-HOLD DAYS FOR NURSING				
FACILITIES				33B2910
Medical Care Trust Fund (Federal 56.31%)				

NURSING HOME RATE REDUCTION OF 2.14				
PERCENT				33B3000
SPECIAL CATEGORIES				100000
HOSPICE SERVICES				101575
GENERAL REVENUE FUND	2,257,470-			1000
MEDICAL CARE TRUST FUND	2,909,548-			2474
TOTAL APPRO.....	5,167,018-			
=====				
NURSING HOME CARE				102233
GENERAL REVENUE FUND	29,586,119-			1000
MEDICAL CARE TRUST FUND	38,132,166-			2474
TOTAL APPRO.....	67,718,285-			
=====				
TOTAL: SPECIAL CATEGORIES				100000
BY FUND				
GENERAL REVENUE FUND	31,843,589-			1000
MEDICAL CARE TRUST FUND	41,041,714-			2474
TOTAL MAJOR APPRO.....	72,885,303-			
=====				

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 11-12 NARRATIVE:
 12

IT COMPONENT? NO

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority;

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
NURSING HOME RATE REDUCTION OF 2.14				
PERCENT				33B3000

elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Nursing Home Rate Reduction of 2.14 Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to reduce the reimbursement rates for Nursing Home Services by 2.14 percent. This would reduce General Revenue by \$31.8 million and Federal Funds by \$41.1 million for a total reduction of \$72.9 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that a price level reduction adjustment of 2.14 percent be made to reduce Nursing Home rates.

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

		2.14%	Reduction
NURSING HOMES	45,112	45,112	
Skilled Care Caseload	9,944	9,944	
Skilled Care Unit Cost	\$5,925.85	\$5,799.04	(\$126.81)
Skilled Care Total Cost	\$707,119,811	\$691,987,845	(\$15,131,966)
Intermediate Care Caseload	33,431	33,431	
Intermediate Care Unit Cost	\$5,885.57	\$5,759.62	(\$125.95)
Intermediate Care Total Cost	\$2,361,125,013	\$2,310,598,275	(\$50,526,738)
General Care Caseload	1,368	1,368	
General Care Unit Cost	\$5,862.63	\$5,737.17	(\$125.46)
General Care Total Cost	\$96,240,964	\$94,181,383	(\$2,059,581)
HOSPICE			
Medicaid Caseload	16,422	16,422	
Medicaid Unit Cost	\$1,726.00	\$1,699.78	(\$26.22)
Medicaid Total Cost	\$340,131,687	\$334,964,669	(\$5,167,018)

Legislative authority is needed to achieve reduction.

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				
				E
				68000000
				68500000
				68501500
				13
				<u>1303.00.00.00</u>
				33B0000
				33B3000

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

Nursing Home Care (102233)
 General Revenue (FSI 2) (\$29,586,119)
 Medical Care Trust Fund (FSI 3) (\$38,132,166)
 Issue Total (\$67,718,285)

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

Hospice Services (101575)
 General Revenue (FSI 2) (\$2,257,470)
 Medical Care Trust Fund (FSI 3) (\$2,909,548)
 Issue Total (\$5,167,018)

Issue Total
 General Revenue (FSI 2) (\$31,843,589)
 Medical Care Trust Fund (FSI 3) (\$41,041,714)
 Issue Total (\$72,885,303)

SOURCE OF FUNDS:

General Revenue (State 43.69%)
 Medical Care Trust Fund (Federal 56.31%)

	COL A93	COL A94	COL A95	
	SCH VIIIIB-2	SCH VIIIIB-2	SCH VIIIIB-2	
	REDUCTIONS	NR FY11-12	ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT CODES
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS -				
OPERATING				33B0000
INTERMEDIATE CARE FACILITIES FOR				
THE DEVELOPMENTALLY DISABLED				
(ICF/DD) RATE REDUCTION OF 2.14				
PERCENT				33B3010
SPECIAL CATEGORIES				100000
ICF/DD COMMUNITY				101649
GENERAL REVENUE FUND	1,869,610-			1000
MEDICAL CARE TRUST FUND	2,409,654-			2474
TOTAL APPRO.....	4,279,264-			

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 11-12 NARRATIVE:

IT COMPONENT? NO

14

The Agency Schedule VIII-B 2 contains six issue types in priority order. Administrative reduction is our first priority; elimination of contracts for services considered duplicative, obsolete, low return on investment or pilot only serving a small population is our second priority; streamlining services or payments is our third priority; rate freezes/reductions are our fourth priority; increased assessments is our fifth priority; and elimination of optional services is our sixth priority. The Agency prioritized each of these issue types based on the largest amount to lowest amount of total General Revenue and State Trust Fund reduction obtainable.

ISSUE TITLE: Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Rate Reduction of 2.14 Percent

ISSUE SUMMARY: In Fiscal Year 11-12, the Agency for Health Care Administration proposes to reduce the ICF/DD reimbursement rates by 2.14 percent. This would reduce General Revenue by \$1.9 million and Federal Funds by \$2.4 million for a total reduction of \$4.3 million.

ISSUE DETAIL: The Agency for Health Care Administration is recommending that a price level reduction adjustment of 2.14 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		2.14%	Reduction	11-12 Reduction
Caseload Private	1,179	1,179		
Unit Cost	\$10,683.31	\$10,454.68	(\$228.63)	
Total Cost	\$151,147,429	\$147,912,813	(\$3,234,616)	(\$2,425,962)

POS	COL A93	COL A94	COL A95	CODES
	SCH VIIIIB-2 REDUCTIONS	SCH VIIIIB-2 NR FY11-12	SCH VIIIIB-2 ANZ FY11-12	
POS	AMOUNT	POS	AMOUNT	POS
MEDICAID AND TANF				
				E
				68000000
				68500000
				68501500
				13
				<u>1303.00.00.00</u>
				33B0000
				33B3010

Caseload Cluster	624	624		
Unit Cost	\$12,450.78	\$12,184.34	(\$266.44)	
Total Cost	\$93,231,466	\$91,236,338	(\$1,995,128)	(\$1,496,346)
Caseload Six bed	226	226		
Unit Cost	\$8,200.78	\$8,025.29	(\$175.49)	
Total Cost	\$22,240,527	\$21,764,586	(\$475,941)	(\$356,956)

Legislative authority is needed to achieve reduction.

BUDGET SUMMARY:

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

FY 11-12

Recurring

Special Category:

ICF/DD - Community (101649)
 General Revenue (FSI 2) (\$1,869,610)
 Medical Care Trust Fund (FSI 3) (\$2,409,654)
 Issue Total (\$4,279,264)

SOURCE OF FUNDS:

General Revenue (State 43.69%)
 Medical Care Trust Fund (Federal 56.31%)

	COL A93 SCH VIIIIB-2 REDUCTIONS	COL A94 SCH VIIIIB-2 NR FY11-12	COL A95 SCH VIIIIB-2 ANZ FY11-12	CODES
POS	AMOUNT	POS	AMOUNT	
MEDICAID AND TANF				E
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>
SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
TOTAL: SCHEDULE VIIIIB REDUCTIONS - OPERATING				33B0000
BY FUND				
GENERAL REVENUE FUND	36,315,006-			1000
MEDICAL CARE TRUST FUND	46,804,714-			2474
TOTAL SUMMARY ISSUE.....	83,119,720-			
TOTAL: MEDICAID LONG TERM CARE				68501500
BY FUND TYPE				
GENERAL REVENUE FUND	36,315,006-			1000
TRUST FUNDS	46,804,714-			2000
TOTAL BUREAU.....	83,119,720-			
TOTAL: PGM: HEALTH CARE SERVICES				68500000
BY FUND TYPE				
GENERAL REVENUE FUND	768,943,699-			1000
TRUST FUNDS	41,030,008-			2000
TOTAL DIVISION.....	809,973,707-			
TOTAL: REPORT				
BY FUND TYPE				
GENERAL REVENUE FUND	770,074,371-			1000
TRUST FUNDS	43,353,021-			2000
TOTAL POSITIONS.....	1.00-			
TOTAL REPORT.....	813,427,392-			
TOTAL SALARY RATE.....	60,896-			