

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	11,228,715			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE	2,777,922			1000 1
-MATCH	740,764			1000 2
TOTAL GENERAL REVENUE FUND	3,518,686			1000
=====				
ADMINISTRATIVE TRUST FUND -STATE	4,773,079			2021 1
-MATCH	704,493			2021 2
-FEDERL	5,843,122			2021 3
TOTAL ADMINISTRATIVE TRUST FUND	11,320,694			2021
=====				
TOTAL POSITIONS.....	239.00			
TOTAL APPRO.....	14,839,380			
=====				
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND -STATE	76,130			1000 1
-MATCH	65,783			1000 2
TOTAL GENERAL REVENUE FUND	141,913			1000
=====				
ADMINISTRATIVE TRUST FUND -STATE	405,388			2021 1
-MATCH	122,241			2021 2
-FEDERL	250,822			2021 3
TOTAL ADMINISTRATIVE TRUST FUND	778,451			2021
=====				
TOTAL APPRO.....	920,364			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
EXPENSES				040000
GENERAL REVENUE FUND	-STATE	136,612		1000 1
	-MATCH	128,111		1000 2
TOTAL GENERAL REVENUE FUND		264,723		1000
ADMINISTRATIVE TRUST FUND	-STATE	1,637,310		2021 1
	-MATCH	90,021		2021 2
	-FEDERL	255,695		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		1,983,026		2021
TOTAL APPRO.....		2,247,749		
OPERATING CAPITAL OUTLAY				060000
GENERAL REVENUE FUND	-STATE	2,608		1000 1
ADMINISTRATIVE TRUST FUND	-STATE	35,008		2021 1
	-MATCH	3,522		2021 2
	-FEDERL	2,651		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		41,181		2021
TOTAL APPRO.....		43,789		
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	-STATE	646,277		1000 1
	-MATCH	1,011		1000 2
TOTAL GENERAL REVENUE FUND		647,288		1000
ADMINISTRATIVE TRUST FUND	-STATE	1,049,292		2021 1
	-MATCH	28,482		2021 2
	-FEDERL	93,856		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		1,171,630		2021

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
TOTAL APPRO.....		1,818,918		
=====				
G/A-CONTRACTED SERVICES				100778
GENERAL REVENUE FUND -STATE		100,000		1000 1
=====				
RISK MANAGEMENT INSURANCE				103241
GENERAL REVENUE FUND -STATE		16,266		1000 1
-MATCH		6,859		1000 2

TOTAL GENERAL REVENUE FUND		23,125		1000
=====				
ADMINISTRATIVE TRUST FUND -STATE		166,246		2021 1
-MATCH		4,179		2021 2
-FEDERL		10,529		2021 3

TOTAL ADMINISTRATIVE TRUST FUND		180,954		2021
=====				
TOTAL APPRO.....		204,079		
=====				
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -STATE		15,912		1000 1
-MATCH		9,105		1000 2

TOTAL GENERAL REVENUE FUND		25,017		1000
=====				
ADMINISTRATIVE TRUST FUND -STATE		64,253		2021 1
-MATCH		4,107		2021 2
-FEDERL		10,435		2021 3

TOTAL ADMINISTRATIVE TRUST FUND		78,795		2021
=====				
TOTAL APPRO.....		103,812		
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL POSITIONS.....	239.00			
TOTAL ISSUE.....		20,278,091		
TOTAL SALARY RATE.....		11,228,715		
=====				
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				
FISCAL YEAR 2008-09				1001800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE		7,239		1000 1
-MATCH		1,930		1000 2
TOTAL GENERAL REVENUE FUND		9,169		1000
ADMINISTRATIVE TRUST FUND -STATE		12,442		2021 1
-MATCH		1,835		2021 2
-FEDERL		15,227		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		29,504		2021
TOTAL APPRO.....		38,673		
=====				
ADJUSTMENT TO STATE LIFE AND				
DISABILITY INSURANCE CONTRIBUTION				
RATES - FISCAL YEAR 2008-09				1001910
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE		1,379-		1000 1
-MATCH		368-		1000 2
TOTAL GENERAL REVENUE FUND		1,747-		1000
ADMINISTRATIVE TRUST FUND -STATE		2,370-		2021 1
-MATCH		350-		2021 2
-FEDERL		2,901-		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		5,621-		2021
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
ESTIMATED EXPENDITURES				1000000
ADJUSTMENT TO STATE LIFE AND DISABILITY INSURANCE CONTRIBUTION RATES - FISCAL YEAR 2008-09				1001910
SALARIES AND BENEFITS				010000
TOTAL APPRO.....		7,368-		
=====		=====		=====
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM ADMINISTRATION AND SUPPORT SERVICES TO EXECUTIVE DIRECTION AND SUPPORT SERVICES - DEDUCT				1800880
SALARY RATE				000000
SALARY RATE.....		31,108-		
=====		=====		=====
SALARIES AND BENEFITS				010000
ADMINISTRATIVE TRUST FUND -STATE		1.00-	44,999-	2021 1
=====		=====		=====
EXPENSES				040000
ADMINISTRATIVE TRUST FUND -STATE		14,320-	3,000-	2021 1
=====		=====		=====
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
ADMINISTRATIVE TRUST FUND -STATE		398-		2021 1
=====		=====		=====
TOTAL: TRANSFER POSITION FROM ADMINISTRATION AND SUPPORT SERVICES TO EXECUTIVE DIRECTION AND SUPPORT SERVICES - DEDUCT				1800880
TOTAL POSITIONS.....		1.00-		
TOTAL ISSUE.....		59,717-	3,000-	
TOTAL SALARY RATE.....		31,108-		
=====		=====		=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM				
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - DEDUCT				1800880

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Transfer Position from Administration and Support to Executive Direction/Support Services - Deduct

ISSUE SUMMARY:

The Agency is transferring one position from Administration and Support to Executive Direction/Support Services.

ISSUE DETAIL:

This position will be used by Executive Direction/Support Services Division of Medicaid.

Transfer Position 46253

BUDGET SUMMARY:

CLASS TITLE	PSN	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	HR SERVICES	FY 2009-10 TOTAL
Mgmt Analyst II SES	46253	2212	419	(1.00)	(\$31,108)	(\$44,999)	(\$14,320)	(\$398)	(\$59,717)

Administration and Support (68200000)
 Executive Leadership (160200000)

RECURRING	NON-RECURRING	TOTAL	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)					
Administrative Trust Fund 2021 (FSI 1)			(\$44,999)	\$0	(\$44,999)
Total			(\$44,999)	\$0	(\$44,999)
Expenses (040000)					
Administrative Trust Fund 2021 (FSI 1)			(\$11,320)	(\$3,000)	(\$14,320)
Total			(\$11,320)	(\$3,000)	(\$14,320)
Transfer to DMS HR Outsourcing (107040)					
Administrative Trust Fund 2021 (FSI 1)			(\$398)	\$0	(\$398)
Total			(\$398)	\$0	(\$398)
Total Issue					
Administrative Trust Fund 2021 (FSI 1)			(\$56,717)	(\$3,000)	(\$59,717)
Issue Total			(\$56,717)	(\$3,000)	(\$59,717)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM				
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - DEDUCT				1800880

SOURCE OF FUNDS:
 Administrative Trust Fund (Federal 100%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
2212 OPERATIONS ANALYST II							
46253 001	1.00-	31,108-		13,891-	44,999-	0.00	44,999-
TOTALS FOR ISSUE BY FUND							
2021 ADMINISTRATIVE TRUST FUND							44,999-
	1.00-	31,108-		13,891-	44,999-		44,999-

TRANSFER POSITIONS FROM HEALTH
 CARE REGULATION TO THE FLORIDA
 CENTER FOR ADVERSE INCIDENT
 REPORTS - ADD

1801090
 000000

SALARY RATE
 SALARY RATE..... 106,163

=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITIONS FROM HEALTH				
CARE REGULATION TO THE FLORIDA				
CENTER FOR ADVERSE INCIDENT				
REPORTS - ADD				1801090
SALARIES AND BENEFITS				010000
	2.00			
ADMINISTRATIVE TRUST FUND -STATE		141,731		2021 1
=====				
EXPENSES				040000
ADMINISTRATIVE TRUST FUND -STATE		23,100		2021 1
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
ADMINISTRATIVE TRUST FUND -STATE		796		2021 1
=====				
TOTAL: TRANSFER POSITIONS FROM HEALTH				1801090
CARE REGULATION TO THE FLORIDA				
CENTER FOR ADVERSE INCIDENT				
REPORTS - ADD				
TOTAL POSITIONS.....	2.00			
TOTAL ISSUE.....		165,627		
TOTAL SALARY RATE.....		106,163		
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Transfer Positions from Health Care Regulation to the Florida Center for Adverse Incident Reports - Add

ISSUE SUMMARY: The Agency is transferring two positions from the Division of Health Care Regulation to the Florida Center for Health Information and Policy Analysis. This transfer is consistent with the Agency's direction to use the analysis of incident reports as a means to improve patient safety rather than a regulatory/punitive action.

Florida Statutes require hospitals, ambulatory surgical centers, nursing homes and assisted living facilities report adverse incidents to the Agency. Adverse incidents reported by the hospital and ambulatory surgical centers are currently reviewed, analyzed and data entered by the Florida Center for Health Information and Policy Analysis. Adverse incidents reported by nursing homes and assisted living facilities are reviewed and analyzed by a Nurse Consultant and data entered by a Regulatory Specialist II in the Division of Health Quality Assurance Central Systems Management Unit. The transfer of the Nurse Consultant and Regulatory Specialist II from Health Quality Assurance to the Florida Center

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITIONS FROM HEALTH CARE REGULATION TO THE FLORIDA CENTER FOR ADVERSE INCIDENT REPORTS - ADD				1801090

for Health Information and Policy Analysis would consolidate the dual adverse incident review process and allow the Nurse Consultant to be used to also track trends of adverse incidents from all reporting facilities as part of an overall risk analysis. This information may then be made available to the public and to reporting facilities as a tool to identify and correct systematic problems and improve patient outcomes.

ISSUE DETAIL: Consolidating the required adverse incident reporting of hospitals, ambulatory surgical centers, nursing homes and assisted living facilities will provide a consistent reporting mechanism, analytical review and tracking system for all reported incidents. Trends and systematic issues may be identified and shared with reporting facilities and others creating a course of improving patient safety rather than imposing a regulatory action.

BUDGET SUMMARY: The transfer of two FTEs from Health Quality Assurance to the Florida Center for Health Information and Policy Analysis requires no additional funding or costs. The following is the amount to be transferred:

Transfer Positions 64664 and 64665.

Administration and Support (68200000)
 Executive Leadership and Support Services (160200000)

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Reg. Nurse Consultant	5312	079	1.00	\$77,411	\$99,505	\$11,550			\$398	\$111,453
Reg. Spec. II	0441	017	1.00	\$28,752	\$42,226	\$11,550			\$398	\$54,174
Total			2.00	\$106,163	\$141,731	\$23,100			\$796	\$165,627

FY 2009-10	Recurring FY 2009-10	Non Recurring FY 2009-10	Total FY 2009-10
Salaries and Benefits (010000)			
(2021-1) Administrative Trust Fund	141,731		\$141,731
Total	\$141,731		\$141,731
Expenses (040000)			
(2021-1) Administrative trust Fund	\$23,100		\$23,100
Total	\$23,100		\$23,100
HR Services (107040)			
(2021-1) Administrative Trust Fund		\$796	\$796

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITIONS FROM HEALTH				
CARE REGULATION TO THE FLORIDA				
CENTER FOR ADVERSE INCIDENT				
REPORTS - ADD				1801090
Total			\$796	\$796
Budget Entity 68200000 Total			\$165,627	\$165,627

SOURCE OF FUNDS:
 Administrative Trust Fund (100%)

 POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
0441 REGULATORY SPECIALIST II							
64665 001	1.00	28,752		13,474	42,226	0.00	42,226
5312 REGISTERED NURSING CONSULTANT							
64664 001	1.00	77,411		22,094	99,505	0.00	99,505
TOTALS FOR ISSUE BY FUND							
2021 ADMINISTRATIVE TRUST FUND							141,731
	2.00	106,163		35,568	141,731		141,731

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
NONRECURRING EXPENDITURES				2100000
AGENCY FOR HEALTH CARE RESEARCH				2103108
AND QUALITY GRANT				030000
OTHER PERSONAL SERVICES				
ADMINISTRATIVE TRUST FUND -FEDERL		62,799-		2021 3
EXPENSES				040000
ADMINISTRATIVE TRUST FUND -FEDERL		38,233-		2021 3
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
ADMINISTRATIVE TRUST FUND -FEDERL		64,568-		2021 3
TOTAL: AGENCY FOR HEALTH CARE RESEARCH				2103108
AND QUALITY GRANT				
TOTAL ISSUE.....		165,600-		
CASE MANAGEMENT GRANTS FOR				2103109
OUTPATIENT CLINIC TECHNOLOGY				100000
SPECIAL CATEGORIES				100778
G/A-CONTRACTED SERVICES				
GENERAL REVENUE FUND -STATE		100,000-		1000 1

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
ANNUALIZATION OF ADMINISTERED FUNDS APPROPRIATIONS				26A0000
STATE HEALTH INSURANCE PREMIUM CONTRIBUTION - 10 MONTHS ANNUALIZATION				26A1800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE		36,195		1000 1
-MATCH		9,650		1000 2
TOTAL GENERAL REVENUE FUND		45,845		1000
ADMINISTRATIVE TRUST FUND -STATE		62,210		2021 1
-MATCH		9,175		2021 2
-FEDERL		76,135		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		147,520		2021
TOTAL APPRO.....		193,365		
LIFE AND DISABILITY INSURANCE REDUCTION - 6 MONTHS ANNUALIZATION				26A2000
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE		1,379-		1000 1
-MATCH		368-		1000 2
TOTAL GENERAL REVENUE FUND		1,747-		1000
ADMINISTRATIVE TRUST FUND -STATE		2,370-		2021 1
-MATCH		350-		2021 2
-FEDERL		2,901-		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		5,621-		2021
TOTAL APPRO.....		7,368-		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
WORKLOAD				3000000
DATA COLLECTION STAFF POSITIONS				
UPGRADE				3004A40
SALARY RATE				000000
SALARY RATE.....	76,893			
=====				
SALARIES AND BENEFITS				010000
ADMINISTRATIVE TRUST FUND -STATE	76,893			2021 1
=====				
TOTAL: DATA COLLECTION STAFF POSITIONS				3004A40
UPGRADE				
TOTAL ISSUE.....	76,893			
TOTAL SALARY RATE.....	76,893			
=====				

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Data Collection Staff Positions Upgrade

ISSUE SUMMARY: This issue requests funding to raise the ten data collection positions within the Florida Center for Health Information and Policy Analysis to a pay grade 22. It is estimated the increase will lower staffing turnover and increase data processing time.

ISSUE DETAIL: One of the Agency's primary missions is to promote better and more informed decision making on the part of Florida's health care consumers. The primary means of accomplishing this mission is through the promotion of health care transparency, i.e. the publishing of detailed health care data in visible and accessible venues such as the FloridaHealthFinder web site. This can only be achieved through the rapid collection and display of quality data.

The need for an ever-more-rapid turnaround of increasingly large amounts of data requires the Florida Center's data processors (analysts) to master complex skills and a rigorous work pace that far outstrip their pay grades. The pay grades were established when few, if any, analytical skills were required from the people filling the positions. Today these positions require tremendous efficiency to manage the workload and significant technical skills to manage the now-complex internet submission method. As a result the pay grades do not adequately reflect the demands of the processing positions and there is significant turnover. Analysts that master these positions find themselves qualified for numerous other positions within the Agency and elsewhere that offer significantly higher wages. Consequently, the Data Collection unit continually operates well below its needed staffing levels. Also, worker productivity lags because of the length of time required to train new staff, which precludes them from managing a full data processing load.

In the last three years, the Data Collection unit has experienced a 108% turnover rate in its data collection positions. This rate includes a three-year turnover rate of 200% for the five positions occupying the 2208 and 2303 class codes. Similar class codes within the Agency averaged just under 18% over the same three-year time period. It is estimated the

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: ADMIN AND SUPPORT							68200000
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							1602.00.00.00
WORKLOAD							3000000
DATA COLLECTION STAFF POSITIONS							
UPGRADE							3004A40

increase will lower turnover by two-thirds, resulting in a 32% increase in data processing time.

BUDGET SUMMARY: \$76,894 in recurring funding is requested to raise all ten of the data collection positions to a pay grade 22 as a means to slow turnover and increase human resource-mediated efficiencies within the Data Collection unit of the Florida Center.

Estimated cost of upgrading all data collection positions to a pay grade 22:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Records Technician	0045	13	1	\$11,573	\$11,573					\$11,573
Plan & Eval Specialist	2303	15	2	\$21,977	\$21,977					\$21,977
Record Analyst	2208	17	4	\$32,156	\$32,156					\$32,156
Mkt. Research Analyst	3150	20	3	\$11,187	\$11,187					\$11,187
Total				\$76,893	\$76,893					\$76,893

Administration/Support Services (68200000)
 Executive Leadership/Support Services (1602000000)

FY 2009-10	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
(2021-1) Administrative Trust Fund (100%)	\$76,893	\$0	\$76,893
Total	\$76,893		\$76,893

SOURCE OF FUNDS:
 Administrative Trust Fund (100%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
WORKLOAD				3000000
DATA COLLECTION STAFF POSITIONS				
UPGRADE				3004A40

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
RA00 RATE AND SALARY ADJ - NO FTE/BENEFITS							
C1002 001	0.00	76,893			76,893	0.00	76,893
TOTALS FOR ISSUE BY FUND							
2021 ADMINISTRATIVE TRUST FUND							76,893
	0.00	76,893			76,893		76,893

STATE ADVOCACY COUNCIL RATE							
INCREASE							3008A30
SALARY RATE							000000
SALARY RATE.....	45,863						
SALARIES AND BENEFITS							010000
GENERAL REVENUE FUND -STATE	45,863						1000 1
TOTAL: STATE ADVOCACY COUNCIL RATE							3008A30
INCREASE							
TOTAL ISSUE.....	45,863						
TOTAL SALARY RATE.....	45,863						

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: ADMIN AND SUPPORT						68200000
GOV OPERATIONS/SUPPORT						16
EXEC LEADERSHIP/SUPPRT SVC						1602.00.00.00
WORKLOAD						3000000
STATE ADVOCACY COUNCIL RATE INCREASE						3008A30

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: State Advocacy Council Rate Increase

ISSUE SUMMARY: This issue is requesting salary rate for one Senior Management Analyst II position within the Statewide Advocacy Council (SAC).

ISSUE DETAIL: This is a professional position providing management over the Tallahassee office of the SAC and support of the Executive Director in the Tallahassee office. This position also conducts lobbying of legislative and budgetary proposals for the SAC in coordination with the Executive Office of the Governor and develops and negotiates interagency agreements and affairs in concurrence with Florida Statutes. The additional funding will allow the SAC to hire a staff member with the qualifications needed for this senior management position.

BUDGET SUMMARY: \$45,863 of recurring funding is requested to raise the Senior Management Analyst II position to allow the SAC the opportunity to hire a manager at the level needed for this supervisory roll.

The estimated cost of increasing the funding for the Senior Management Analyst II position is as follows:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSE	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Sr. Manage. Analyst II	2225	426	1	\$45,863	\$45,863					\$45,863
Total				\$45,863	\$45,863					\$45,863

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

FY 2009-10	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
(1000-1) General Revenue (100%)	\$45,863		\$45,863
Total	\$45,863		\$45,863

SOURCE OF FUNDS:
 General Revenue (100%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				1602.00.00.00
WORKLOAD				3000000
STATE ADVOCACY COUNCIL RATE INCREASE				3008A30

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
RA00 RATE AND SALARY ADJ - NO FTE/BENEFITS							
C1003 001	0.00	45,863			45,863	0.00	45,863
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND	0.00	45,863			45,863		45,863

PROGRAM OR SERVICE-LEVEL INFORMATION TECHNOLOGY							3630000
FLORIDAHEALTHFINDER.COM ENHANCEMENT EXPENSES							36317C0
ADMINISTRATIVE TRUST FUND -STATE	290,000	260,000					040000
SPECIAL CATEGORIES							2021 1
CONTRACTED SERVICES							100000
ADMINISTRATIVE TRUST FUND -STATE	171,000	75,000					100777
TOTAL: FLORIDAHEALTHFINDER.COM ENHANCEMENT							2021 1
TOTAL ISSUE.....	461,000	335,000					36317C0

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
<u>PGM: ADMIN AND SUPPORT</u>				68200000
GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
PROGRAM OR SERVICE-LEVEL				
INFORMATION TECHNOLOGY				3630000
FLORIDAHEALTHFINDER.COM ENHANCEMENT				36317C0

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? YES

ISSUE TITLE: FLOIDAHEALTHFINDER.COM ENHANCEMENT - Consumer Website Enhancements for AHCA Facilities and Providers

ISSUE SUMMARY: This budget issue will fund enhancements to the FloridaHealthFinder website to become the single point of entry for consumers to access comprehensive and comparative information about health care facilities and providers licensed and regulated by the Agency. These enhancements will assist in meeting the Agency's priorities in creating a transparent (Transparency refers to the publishing of detailed health care data in visible and accessible venues) health care delivery system on www.FloridaHealthFinder.gov for consumers to make well informed health care decisions when selecting licensed health care facilities and providers.

ISSUE DETAIL: The Agency proposes enhancing the FloridaHealthFinder website to become the single point of entry (web portal) for consumers to obtain useful information regarding AHCA licensed facilities and service providers. The project will incorporate multiple tools including the AHCA Facility Locator, portions of FloridaHealthFinder.gov, the Nursing Home Guide, online facility inspection reports, online maps and directions, and provide a consumer friendly tool to give detailed consumer information and performance measures of regulated facilities and providers. This latter application will enhance consumers' ability to compare and select health care facilities based on demographic information (i.e. - location, contact information, and other facility specific information) and quantitative measures. The tool will provide users enhanced search options to select health care facilities/providers by demographics, location and services and obtain details for selected facilities/providers including enhanced map locations and proximities, driving directions, demographic information (customized for each facility/provider type), printer friendly reports, regulatory outcomes, inspection summary results, and links to facility inspection reports. This tool will also enable facility/provider submission of online information such as website addresses, special services offered, languages spoken, and other information valuable to consumers. Enabling the facilities/providers to submit information online will improve the timeliness and accuracy of information. These additions and enhancements to the FloridaHealthFinder website will eliminate the fragmentation of current web information, reduce duplicative use of Agency resources, and provide a comprehensive easy-to-use tool for consumers to locate information on multiple provider types.

In addition, the project will provide a platform for a qualitative comparison of facilities/providers and ultimately serve to replace the Nursing Home Guide with tools to compare all regulated facility/provider types. This qualitative comparison will allow users to compare facilities that are based on similar criteria. Currently, the website compares hospitals, ambulatory surgery centers and health plans. This proposal will add approximately 50 more licensed health care providers and facilities and allow qualitative comparisons among the various types or measures such as quality of care, quality of life and administrative ratings based on inspection and deficiency reports.

Currently only limited information on all the various licensed facilities and providers is available for consumers and as the cost of health care grows, it is essential that citizens make informed health care decisions. As the responsible government entity, the Agency needs to provide as much health care information resources as clearly, consistent and as timely as possible.

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: ADMIN AND SUPPORT							68200000
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							<u>1602.00.00.00</u>
PROGRAM OR SERVICE-LEVEL							
INFORMATION TECHNOLOGY							3630000
FLORIDAHEALTHFINDER.COM ENHANCEMENT							36317C0

BUDGET SUMMARY: To enhance the Facility Locator tool including enhanced search options, additional facility and provider information, online data submissions and website hosting and maintenance it will cost \$75,000 initially and \$96,000 in recurring costs. To research and develop a qualitative comparison tool will cost \$260,000 initially with \$30,000 in recurring costs.

Administrative/Support Services (682000000)
 Executive Leadership and Support Services (1602000000)

FY 2009-10	Recurring FY 2009-10	Non Recurring FY 2009-10	Total FY 2009-10
Expenses (040000)			
Administrative Trust Fund (2021-1)	\$30,000	\$260,000	\$290,000
Total	\$30,000	\$260,000	\$290,000
Special Category:			
Contracted Services (100777)			
Administrative Trust Fund (2021-1)	\$96,000	\$75,000	\$171,000
Total	\$96,000	\$75,000	\$171,000
Issue Total	\$126,000	\$335,000	\$461,000

SOURCE OF FUNDS:
 Administrative Trust Fund (100%)

TOTAL: EXEC LEADERSHIP/SUPPRT SVC						<u>1602.00.00.00</u>
BY FUND TYPE						
GENERAL REVENUE FUND	4,720,743					1000
TRUST FUNDS	16,198,716	332,000				2000
TOTAL POSITIONS.....	240.00					
TOTAL PROG COMP.....	20,919,459	332,000				
TOTAL SALARY RATE.....	11,426,526					
=====						

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
INFORMATION TECHNOLOGY				1603.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	3,424,402			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE	293,182			1000 1
-MATCH	339,412			1000 2
TOTAL GENERAL REVENUE FUND	632,594			1000
=====				
ADMINISTRATIVE TRUST FUND -STATE	2,750,021			2021 1
-MATCH	300,131			2021 2
-FEDERL	641,653			2021 3
TOTAL ADMINISTRATIVE TRUST FUND	3,691,805			2021
=====				
TOTAL POSITIONS.....	70.00			
TOTAL APPRO.....	4,324,399			
=====				
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND -MATCH	58,917			1000 2
=====				
ADMINISTRATIVE TRUST FUND -STATE	25,469			2021 1
-FEDERL	58,917			2021 3
TOTAL ADMINISTRATIVE TRUST FUND	84,386			2021
=====				
TOTAL APPRO.....	143,303			
=====				
EXPENSES				040000
GENERAL REVENUE FUND -STATE	75,633			1000 1
-MATCH	118,848			1000 2
TOTAL GENERAL REVENUE FUND	194,481			1000
=====				
ADMINISTRATIVE TRUST FUND -STATE	1,035,034			2021 1
-MATCH	228,071			2021 2
-FEDERL	365,768			2021 3
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
INFORMATION TECHNOLOGY				1603.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
EXPENSES				040000
TOTAL ADMINISTRATIVE TRUST FUND	1,628,873			2021
TOTAL APPRO.....	1,823,354			
OPERATING CAPITAL OUTLAY				060000
GENERAL REVENUE FUND -MATCH	227,353			1000 2
ADMINISTRATIVE TRUST FUND -STATE	83,350			2021 1
-MATCH	1,066			2021 2
-FEDERL	530,113			2021 3
TOTAL ADMINISTRATIVE TRUST FUND	614,529			2021
TOTAL APPRO.....	841,882			
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND -STATE	188,503			1000 1
-MATCH	6,662			1000 2
TOTAL GENERAL REVENUE FUND	195,165			1000
ADMINISTRATIVE TRUST FUND -STATE	984,209			2021 1
-MATCH	177,742			2021 2
-FEDERL	184,404			2021 3
TOTAL ADMINISTRATIVE TRUST FUND	1,346,355			2021
TOTAL APPRO.....	1,541,520			
RISK MANAGEMENT INSURANCE				103241
GENERAL REVENUE FUND -MATCH	10,702			1000 2
ADMINISTRATIVE TRUST FUND -STATE	33,268			2021 1
-MATCH	2,733			2021 2
-FEDERL	8,074			2021 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
INFORMATION TECHNOLOGY				1603.00.00.00
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
RISK MANAGEMENT INSURANCE				103241
TOTAL ADMINISTRATIVE TRUST FUND	44,075			2021
=====	=====	=====	=====	
TOTAL APPRO.....	54,777			
=====	=====	=====	=====	
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	3,749			1000 2
=====	=====	=====	=====	
ADMINISTRATIVE TRUST FUND -STATE	15,563			2021 1
-MATCH	2,175			2021 2
-FEDERL	4,349			2021 3
-----	-----	-----	-----	
TOTAL ADMINISTRATIVE TRUST FUND	22,087			2021
=====	=====	=====	=====	
TOTAL APPRO.....	25,836			
=====	=====	=====	=====	
DATA PROCESSING SERVICES				210000
TRC - DMS				210010
ADMINISTRATIVE TRUST FUND -STATE	640,603			2021 1
-MATCH	11,920			2021 2
-FEDERL	11,920			2021 3
-----	-----	-----	-----	
TOTAL ADMINISTRATIVE TRUST FUND	664,443			2021
=====	=====	=====	=====	
TOTAL APPRO.....	664,443			
=====	=====	=====	=====	
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL POSITIONS.....	70.00			
TOTAL ISSUE.....	9,419,514			
TOTAL SALARY RATE.....	3,424,402			
=====	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
INFORMATION TECHNOLOGY				1603.00.00.00
ESTIMATED EXPENDITURES				1000000
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				1001800
FISCAL YEAR 2008-09				010000
SALARIES AND BENEFITS				
GENERAL REVENUE FUND	-STATE	796		1000 1
	-MATCH	922		1000 2
TOTAL GENERAL REVENUE FUND		1,718		1000
ADMINISTRATIVE TRUST FUND	-STATE	7,466		2021 1
	-MATCH	815		2021 2
	-FEDERL	1,742		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		10,023		2021
TOTAL APPRO.....		11,741		
ADJUSTMENT TO STATE LIFE AND				
DISABILITY INSURANCE CONTRIBUTION				1001910
RATES - FISCAL YEAR 2008-09				010000
SALARIES AND BENEFITS				
GENERAL REVENUE FUND	-STATE	122-		1000 1
	-MATCH	141-		1000 2
TOTAL GENERAL REVENUE FUND		263-		1000
ADMINISTRATIVE TRUST FUND	-STATE	1,144-		2021 1
	-MATCH	125-		2021 2
	-FEDERL	267-		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		1,536-		2021
TOTAL APPRO.....		1,799-		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: ADMIN AND SUPPORT				68200000
GOV OPERATIONS/SUPPORT				16
INFORMATION TECHNOLOGY				1603.00.00.00
ANNUALIZATION OF ADMINISTERED FUNDS APPROPRIATIONS				26A0000
STATE HEALTH INSURANCE PREMIUM CONTRIBUTION - 10 MONTHS ANNUALIZATION				26A1800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE		3,980		1000 1
-MATCH		4,610		1000 2
TOTAL GENERAL REVENUE FUND		8,590		1000
ADMINISTRATIVE TRUST FUND -STATE		37,330		2021 1
-MATCH		4,075		2021 2
-FEDERL		8,710		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		50,115		2021
TOTAL APPRO.....		58,705		
LIFE AND DISABILITY INSURANCE REDUCTION - 6 MONTHS ANNUALIZATION				26A2000
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -STATE		122-		1000 1
-MATCH		141-		1000 2
TOTAL GENERAL REVENUE FUND		263-		1000
ADMINISTRATIVE TRUST FUND -STATE		1,144-		2021 1
-MATCH		125-		2021 2
-FEDERL		267-		2021 3
TOTAL ADMINISTRATIVE TRUST FUND		1,536-		2021
TOTAL APPRO.....		1,799-		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
<u>PGM: ADMIN AND SUPPORT</u>				68200000
GOV OPERATIONS/SUPPORT				16
<u>INFORMATION TECHNOLOGY</u>				<u>1603.00.00.00</u>
TOTAL: INFORMATION TECHNOLOGY				<u>1603.00.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND	1,332,743			1000
TRUST FUNDS	8,153,619			2000
TOTAL POSITIONS.....	70.00			
TOTAL PROG COMP.....	9,486,362			
TOTAL SALARY RATE.....	3,424,402			
=====				
TOTAL: PGM: ADMIN AND SUPPORT				68200000
BY FUND TYPE				
GENERAL REVENUE FUND	6,053,486			1000
TRUST FUNDS	24,352,335	332,000		2000
TOTAL POSITIONS.....	310.00			
TOTAL DIVISION.....	30,405,821	332,000		
TOTAL SALARY RATE.....	14,850,928			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>CHILDREN SPECIAL HLTH CARE</u>				68500100
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				1000000
G/A-FL HEALTHY KIDS CORP				100031
GENERAL REVENUE FUND	-MATCH	15,616,296		1000 2
TOBACCO SETTLEMENT TF	-MATCH	60,171,104		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	168,837,377		2474 3
TOTAL APPRO.....		244,624,777		
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	-MATCH	1,212,499		1000 2
TOBACCO SETTLEMENT TF	-MATCH	704,548		2122 2
GRANTS AND DONATIONS TF	-STATE	409,693		2339 1
MEDICAL CARE TRUST FUND	-FEDERL	4,223,397		2474 3
TOTAL APPRO.....		6,550,137		
G/A-CONTRACT SVCS-FHK ADMN				100784
GENERAL REVENUE FUND	-MATCH	2,306,951		1000 2
TOBACCO SETTLEMENT TF	-MATCH	3,946,147		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	13,930,462		2474 3
TOTAL APPRO.....		20,183,560		
G/A-FL HEALTHY KIDS DENTAL				102336
GENERAL REVENUE FUND	-MATCH	9,103,284		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	20,280,082		2474 3
TOTAL APPRO.....		29,383,366		
MEDIKIDS				102340
GENERAL REVENUE FUND	-MATCH	8,609,576		1000 2
TOBACCO SETTLEMENT TF	-MATCH	7,155,438		2122 2

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>CHILDREN SPECIAL HLTH CARE</u>				68500100
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
MEDIKIDS				102340
GRANTS AND DONATIONS TF	-STATE	6,606,609		2339 1
	-MATCH	4,123,286		2339 2
TOTAL GRANTS AND DONATIONS TF		10,729,895		2339
MEDICAL CARE TRUST FUND	-FEDERL	35,096,176		2474 3
TOTAL APPRO.....		61,591,085		
CHILDRENS MED SVCS NETWORK				102342
GENERAL REVENUE FUND	-MATCH	17,818,114		1000 2
TOBACCO SETTLEMENT TF	-MATCH	15,619,174		2122 2
GRANTS AND DONATIONS TF	-MATCH	1,705,063		2339 2
MEDICAL CARE TRUST FUND	-FEDERL	74,470,581		2474 3
TOTAL APPRO.....		109,612,932		
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL ISSUE.....		471,945,857		
ENSURING ACCESS TO CARE				4100000
KIDCARE OUTREACH				4102380
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	-MATCH	942,600		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	2,057,400		2474 3
TOTAL APPRO.....		3,000,000		

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE:
 ISSUE TITLE: KidCare Outreach

IT COMPONENT? NO

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HEALTH CARE SERVICES						68500000
<u>CHILDREN SPECIAL HLTH CARE</u>						68500100
HEALTH AND HUMAN SERVICES						13
<u>HEALTH SVCS/INDIVIDUALS</u>						<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE						4100000
KIDCARE OUTREACH						4102380

ISSUE SUMMARY: Prior to July 1, 2003, the Department of Health (DOH) had the statutory authority to conduct outreach for the Florida KidCare program. The annual budget was approximately \$6 million, with funding provided primarily from Title XXI, General Revenue and the Robert Wood Johnson Foundation. Florida KidCare had a very active outreach program, providing education and information to all Floridians with targeted outreach to minority groups and other potentially eligible populations. DOH's program received national recognition for its outreach campaigns and efforts. Enrollment in the KidCare program increased to levels exceeding the enrollment cap in 2003.

ISSUE DETAIL: Outreach funding for the Florida KidCare program was eliminated as of July 1, 2003. The KidCare outreach function was removed from statute July 1, 2004.

KidCare enrollment steadily decreased from July 1, 2003 until 2007, when small increases occurred, but enrollment is still significantly down from 2003. The decrease in enrollment is due to a combination of factors: limited enrollment periods in 2003 and 2004, increased income documentation requirements and lack of outreach. As a result of decreased enrollment, Florida has unspent Title XXI funds. The state Children's Health Insurance Program (SCHIP) is due for reauthorization March 31, 2009. Florida could possibly face decreased federal allocations if the state does not demonstrate that significant efforts are being made to increase enrollment. Due to the ongoing changes in the KidCare program during the last several years, focus groups conducted by Florida Healthy Kids Corporation have shown that families view KidCare as difficult to enroll in.

Since July 1, 2004, Florida Healthy Kids Corporation has had limited funds available for outreach. The Covering Kids and Families organization with the University of South Florida has coordinated the remaining outreach efforts around the state. They have worked to maintain the previously established network of community organizations and have partnered with large corporations in the state to assist with outreach. Title XXI enrollment went from a high of 336,689 enrollees in April 2004 to a low of 185,409 in February 2006, and is 228,596 in May 2008.

The Legislature allocated \$1,000,000 in matching grants for community outreach for fiscal year 2006/2007 and 2007/2008, but discontinued this for 2008/2009. This provided some outreach efforts, but did not provide the sustained effort needed to make an impact on significantly increasing enrollment and decreasing the number of uninsured children in Florida.

In June 2007, the Office of the Governor made KidCare outreach a priority and encouraged all of the KidCare partners to engage in outreach activities. Even without new funding, the KidCare partners were able to do significantly more activities, including mailing out promotional brochures, providing promotional items at local health fairs and other events, and partnering with retail chains in posting promotional materials.

Repealed section 409.819, Florida Statutes, would need to be restored and section 409.818(3), Florida Statutes, would need language added to authorize the Agency to implement a KidCare outreach program via contract.

BUDGET SUMMARY: To develop an adequate outreach program would require approximately \$3 million/year. Previously, the KidCare outreach budget under DOH was \$6 million. If the Agency received funding for outreach, it would be recommended

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>CHILDREN SPECIAL HLTH CARE</u>				68500100
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
KIDCARE OUTREACH				4102380

to contract with a vendor to plan and implement KidCare outreach statewide.

Health Care Services (68500000)
 Children's Special Health Care (68500100)
 Health Services to Individuals (1301000000)

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Contracted Services (100777)			
General Revenue 1000 (FSI 2)	\$942,600	\$0	\$942,600
Medical Care Trust Fund 2474 (FSI 3)	\$2,057,400	\$0	\$2,057,400
Total	\$3,000,000	\$0	\$3,000,000
Total Issue			
General Revenue 1000 (FSI 2)	\$942,600	\$0	\$942,600
Medical Care Trust Fund 2474 (FSI 3)	\$2,057,400	\$0	\$2,057,400
Issue Total	\$3,000,000	\$0	\$3,000,000

SOURCE OF FUNDS:
 General Revenue (State 31.42%)
 Medical Care Trust Fund Federal 68.58%

TOTAL: HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
BY FUND TYPE		
GENERAL REVENUE FUND	55,609,320	1000
TRUST FUNDS	419,336,537	2000
TOTAL PROG COMP.....	474,945,857	
=====	=====	=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	31,604,955			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	14,324,499		1000 2
		=====	=====	
MEDICAL CARE TRUST FUND	-MATCH	4,810,608		2474 2
	-FEDERL	22,712,618		2474 3
		-----	-----	
TOTAL MEDICAL CARE TRUST FUND		27,523,226		2474
		=====	=====	
TOTAL POSITIONS.....	743.50			
TOTAL APPRO.....	41,847,725			
	=====	=====	=====	
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND	-MATCH	1,851,647		1000 2
		=====	=====	
MEDICAL CARE TRUST FUND	-STATE	40,000		2474 1
	-MATCH	6,861,851		2474 2
	-FEDERL	17,087,169		2474 3
		-----	-----	
TOTAL MEDICAL CARE TRUST FUND		23,989,020		2474
		=====	=====	
TOTAL APPRO.....	25,840,667			
	=====	=====	=====	
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	1,198,078		1000 2
		=====	=====	
MEDICAL CARE TRUST FUND	-MATCH	357,104		2474 2
	-FEDERL	6,423,272		2474 3
		-----	-----	
TOTAL MEDICAL CARE TRUST FUND		6,780,376		2474
		=====	=====	
TOTAL APPRO.....	7,978,454			
	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
OPERATING CAPITAL OUTLAY				0600000
GENERAL REVENUE FUND -MATCH		45,391		1000 2
MEDICAL CARE TRUST FUND -MATCH		105,328		2474 2
-FEDERL		115,938		2474 3
TOTAL MEDICAL CARE TRUST FUND		221,266		2474
TOTAL APPRO.....		266,657		
SPECIAL CATEGORIES				100000
PHARMACEUTICAL EXPENSE AST				100549
GENERAL REVENUE FUND -STATE		700,000		1000 1
TRANS TO DIV ADM HEARINGS				100565
GENERAL REVENUE FUND -MATCH		147,739		1000 2
MEDICAL CARE TRUST FUND -FEDERL		147,738		2474 3
TOTAL APPRO.....		295,477		
CONT NRSNG HOME AUD PRG				100693
GENERAL REVENUE FUND -MATCH		827,653		1000 2
MEDICAL CARE TRUST FUND -MATCH		150,721		2474 2
-FEDERL		978,374		2474 3
TOTAL MEDICAL CARE TRUST FUND		1,129,095		2474
TOTAL APPRO.....		1,956,748		

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
EXECUTIVE DIR/SUPPORT SVCS							68500200
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							<u>1602.00.00.00</u>
ESTIMATED EXPENDITURES							1000000
ESTIMATED EXPENDITURES - OPERATIONS							1001000
SPECIAL CATEGORIES							100000
CONTRACTED SERVICES							100777
GENERAL REVENUE FUND	-MATCH	15,310,017					1000 2
GRANTS AND DONATIONS TF	-MATCH	476,859					2339 2
	-FEDERL	235,002					2339 3
TOTAL GRANTS AND DONATIONS TF		711,861					2339
MEDICAL CARE TRUST FUND	-MATCH	9,085,422					2474 2
	-FEDERL	33,704,465					2474 3
TOTAL MEDICAL CARE TRUST FUND		42,789,887					2474
TOTAL APPRO.....		58,811,765					
MEDICAID FISCAL CONTRACT							102086
GENERAL REVENUE FUND	-MATCH	21,034,206					1000 2
MEDICAL CARE TRUST FUND	-MATCH	766,782					2474 2
	-FEDERL	49,674,772					2474 3
TOTAL MEDICAL CARE TRUST FUND		50,441,554					2474
REFUGEE ASSISTANCE TF	-FEDERL	107,738					2579 3
TOTAL APPRO.....		71,583,498					
MEDICAID PEER REVIEW							102093
GENERAL REVENUE FUND	-MATCH	1,093,903					1000 2
MEDICAL CARE TRUST FUND	-MATCH	275,236					2474 2
	-FEDERL	4,128,112					2474 3
TOTAL MEDICAL CARE TRUST FUND		4,403,348					2474

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
MEDICAID PEER REVIEW				102093
TOTAL APPRO.....	5,497,251			
	=====	=====	=====	
RISK MANAGEMENT INSURANCE				103241
GENERAL REVENUE FUND -MATCH	310,133			1000 2
MEDICAL CARE TRUST FUND -FEDERL	313,193			2474 3
TOTAL APPRO.....	623,326			
	=====	=====	=====	
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	105,063			1000 2
MEDICAL CARE TRUST FUND -MATCH	74,651			2474 2
MEDICAL CARE TRUST FUND -FEDERL	126,431			2474 3
TOTAL MEDICAL CARE TRUST FUND	201,082			2474
TOTAL APPRO.....	306,145			
	=====	=====	=====	
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL POSITIONS.....	743.50			
TOTAL ISSUE.....	215,707,713			
TOTAL SALARY RATE.....	31,604,955			
	=====	=====	=====	
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				
FISCAL YEAR 2008-09				1001800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -MATCH	39,589			1000 2
MEDICAL CARE TRUST FUND -MATCH	13,297			2474 2
MEDICAL CARE TRUST FUND -FEDERL	62,771			2474 3
TOTAL MEDICAL CARE TRUST FUND	76,068			2474
	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
ESTIMATED EXPENDITURES				1000000
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				
FISCAL YEAR 2008-09				1001800
SALARIES AND BENEFITS				010000
TOTAL APPRO.....	115,657			
=====				
ADJUSTMENT TO STATE LIFE AND				
DISABILITY INSURANCE CONTRIBUTION				
RATES - FISCAL YEAR 2008-09				1001910
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	5,381-		1000 2
=====				
MEDICAL CARE TRUST FUND	-MATCH	1,807-		2474 2
	-FEDERL	8,532-		2474 3

TOTAL MEDICAL CARE TRUST FUND		10,339-		2474
=====				
TOTAL APPRO.....	15,720-			
=====				
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM				
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - ADD				1800870
SALARY RATE				000000
SALARY RATE.....	31,108			
=====				
SALARIES AND BENEFITS				010000
MEDICAL CARE TRUST FUND	-FEDERL	44,999		2474 3
	1.00			
=====				
EXPENSES				040000
MEDICAL CARE TRUST FUND	-FEDERL	14,320	3,000	2474 3
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM				
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - ADD				1800870
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
MEDICAL CARE TRUST FUND -FEDERL		398		2474 3
TOTAL: TRANSFER POSITION FROM				1800870
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - ADD				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....		59,717	3,000	
TOTAL SALARY RATE.....	31,108			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Transfer Position from Administration and Support to Executive Direction/Support Services - Add

ISSUE SUMMARY:

The Agency is transferring one position from Administration and Support to Executive Direction/Support Services.

ISSUE DETAIL:

This position will be used by Executive Direction/Support Services Division of Medicaid.

Transfer Position 46253

BUDGET SUMMARY:

CLASS TITLE	PSN	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	HR SERVICES	FY 2009-10 TOTAL
Mgmt Analyst II SES	46253	2212	419	1.00	\$31,108	\$44,999	\$14,320	\$398	\$59,717

Executive Direction/Support Services (68500200)
 Executive Leadership (1602000000)

RECURRING	NON-RECURRING	TOTAL	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)					

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM				
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - ADD				1800870

Medical Care Trust Fund 2474 (FSI 3)	\$44,999	\$0	\$44,999
Total	\$44,999	\$0	\$44,999
Expenses (040000)			
Medical Care Trust Fund 2474 (FSI 3)	\$11,320	\$3,000	\$14,320
Total	\$11,320	\$3,000	\$14,320
Transfer to DMS HR Outsourcing (107040)			
Medical Care Trust Fund 2474 (FSI 3)	\$398	\$0	\$398
Total	\$398	\$0	\$398
Total Issue			
Medical Care Trust Fund 2474 (FSI 3)	\$56,717	\$3,000	\$59,717
Issue Total	\$56,717	\$3,000	\$59,717

SOURCE OF FUNDS:
 Medical Care Trust Fund (Federal 100%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
2212 OPERATIONS ANALYST II							
46253 001	1.00	31,108		13,891	44,999	0.00	44,999

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM				
ADMINISTRATION AND SUPPORT SERVICES				
TO EXECUTIVE DIRECTION AND SUPPORT				
SERVICES - ADD				1800870

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
TOTALS FOR ISSUE BY FUND							
2474 MEDICAL CARE TRUST FUND							44,999
	1.00	31,108		13,891	44,999		44,999

NONRECURRING EXPENDITURES							2100000
HEALTH CHOICE COUNSELING FOR SENIOR ADULTS							2103003
SPECIAL CATEGORIES							100000
CONTRACTED SERVICES							100777
MEDICAL CARE TRUST FUND -MATCH		1,350,000-					2474 2
-FEDERL		1,350,000-					2474 3
TOTAL MEDICAL CARE TRUST FUND		2,700,000-					2474
TOTAL APPRO.....		2,700,000-					

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
ANNUALIZATION OF ADMINISTERED				
FUNDS APPROPRIATIONS				26A0000
STATE HEALTH INSURANCE PREMIUM				
CONTRIBUTION - 10 MONTHS				
ANNUALIZATION				26A1800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	197,945		1000 2
		=====	=====	
MEDICAL CARE TRUST FUND	-MATCH	66,485		2474 2
	-FEDERL	313,855		2474 3
		-----	-----	
TOTAL MEDICAL CARE TRUST FUND		380,340		2474
		=====	=====	
TOTAL APPRO.....		578,285		
		=====	=====	
LIFE AND DISABILITY INSURANCE				
REDUCTION - 6 MONTHS ANNUALIZATION				26A2000
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	5,381-		1000 2
		=====	=====	
MEDICAL CARE TRUST FUND	-MATCH	1,807-		2474 2
	-FEDERL	8,532-		2474 3
		-----	-----	
TOTAL MEDICAL CARE TRUST FUND		10,339-		2474
		=====	=====	
TOTAL APPRO.....		15,720-		
		=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
PREPAYMENT REVIEW UNIT STAFF				
INCREASE				3000A20
SALARY RATE				000000
SALARY RATE.....	373,681			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
	7.00			
MEDICAL CARE TRUST FUND -MATCH	500,023			2474 2
	=====	=====	=====	
EXPENSES				040000
MEDICAL CARE TRUST FUND -MATCH	93,940	20,400		2474 2
	=====	=====	=====	
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
MEDICAL CARE TRUST FUND -MATCH	2,786			2474 2
	=====	=====	=====	
TOTAL: PREPAYMENT REVIEW UNIT STAFF				3000A20
INCREASE				
TOTAL POSITIONS.....	7.00			
TOTAL ISSUE.....	596,749	20,400		
TOTAL SALARY RATE.....	373,681			
	=====	=====	=====	

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Additional Staff for the Agency for Health Care Administration, Bureau of Medicaid Program Integrity - Prepayment Review Unit

BUDGET ISSUE SUMMARY: Prepayment reviews of aberrant Medicaid provider's claims by Medicaid Program Integrity investigators devoting part time to the project prevented \$4.1 million in unsupported claims from being paid in FY 2007-08. A unit devoted entirely to prepayment reviews may increase this amount by \$4 million and could more than double the current return on investment for prepayment reviews.

ISSUES: The Bureau of Medicaid Program Integrity (MPI) seeks additional resources (7 FTEs) for the Agency for Health Care Administration. These resources will enable the Agency to prevent losses to the Medicaid program due to fraudulent and abusive billing by Medicaid providers. MPI currently conducts prepayment reviews of providers suspected of aberrant

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
PREPAYMENT REVIEW UNIT STAFF				
INCREASE				3000A20

billing practices; providers on prepayment review are required to submit supporting documentation for review before claims are released for payment. Claims lacking sufficient documentation are denied.

In FY 2008-08 MPI opened 158 prepayment reviews resulting in \$4.1 million in unsupported claims prevented from being paid. Over the past 4 years MPI has increased its efforts to prevent erroneous claims from being paid whenever possible. This is an efficient way to combat Medicaid fraud and abuse than paying the claim then recovering it at a later date. The prepayment reviews, which are very labor intensive, were performed by 15 investigators each taking time away from their normal duties to review documentation. The number of reviews that each investigator performed ranged from 1 to 39. The investigator who performed the 39 reviews estimates that 35-45 percent of her time was devoted to prepayment reviews. Extrapolating this number to full time staff devoted to prepayment reviews may result in 60 to 90 prepayment reviews per investigator or 300 to 450 total reviews. By creating a unit dedicated to conducting prepayment reviews, current investigators could devote full time to investigative and detection activities and a necessary prevention function could be more adequately performed. The five investigative staff requested could more than double the number of prepayment reviews conducted annually and could prevent at least an additional \$4 million in unsupported claims from being paid. The current return on investment for prepayment reviews is 3.6:1 on all costs including overhead and collocated costs. The efficiency and increased recovery of one unit devoted to prepayment reviews may result in a projected return on investment of over 7:1 on all costs. In addition, the investigators currently performing prepayment reviews devoting all of their time to their regular functions should increase the recovery of Medicaid funds erroneously paid.

The staff requested for this unit are 1 AHC Administrator (PG 26), 1 Administrative Secretary (PG 12), 2 Medical Health Care Program Analysts (PG 24) who would audit non-medical providers such as home health agencies, durable medical equipment suppliers and transportation providers, 2 Registered Nurse Consultants (PG 79) to audit medical providers and 1 Senior Pharmacist (PG 93) to audit pharmacies.

BUDGET SUMMARY: The estimated cost to Medicaid Program Integrity is as follows:
 In order to hire experienced staff, the rates for the AHC Administrator and the 2 Medical Health Care Program Analysts are 10% above the minimums for their pay grades. Due to the high demand in the private sector for Registered Nurses and Registered Pharmacists, the rate for the 2 Registered Nurse Consultants is 144% above the minimum and the Registered Pharmacist is 108% above the minimum for their pay grades. Expenses are based upon the FY 2008-09 Agency standards for professional and support staff.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	EXPENSES	OCO	HR SERVICES	FY 2009-10 TOTAL
AHC Administrator	2250	26	1	51,040	\$69,994	\$14,320	\$0	\$398	\$84,712
Administrative Secretary	0108	12	1	22,541	\$34,913	\$8,020	\$0	\$398	\$43,331
Senior Pharmacist	5248	93	1	90,000	\$114,325	\$14,320	\$0	\$398	\$129,043
Medical Health Care Program Analyst	5875	24	2	90,100	\$122,822	\$28,640	\$0	\$796	\$152,258

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
PREPAYMENT REVIEW UNIT STAFF				
INCREASE				3000A20

Registered Nursing Consultant	5312	79	2	120,000	\$158,019	\$28,640	\$0	\$796	\$187,455
			7	373,681	\$500,023	\$93,940	\$0	\$2,786	\$596,749

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (01000)	\$500,023		\$500,023
(2021-2) Medical Care Trust Fund	\$500,023		\$500,023
Expenses (04000)	\$73,540	\$20,400	\$93,940
(2474-2) Medical Care Trust Fund	\$73,540	\$20,400	\$93,940
HR Services (107040)	\$2,786		\$2,786
(2474-2) Medical Care Trust Fund	\$2,786		\$2,786

SOURCE OF FUNDS:
 (2474-2) Medical Care Trust Fund (100%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
0108 ADMINISTRATIVE SECRETARY							
N5024 001	1.00	22,541		12,372	34,913	0.00	34,913
5248 SENIOR PHARMACIST							
N5025 001	1.00	90,000		24,325	114,325	0.00	114,325
5312 REGISTERED NURSING CONSULTANT							
N5027 001	2.00	120,000		38,019	158,019	0.00	158,019

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT
				CODES
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>
WORKLOAD				3000000
DATA MINING CAPABILITIES STAFF				
INCREASE				3000A30
EXPENSES				040000
MEDICAL CARE TRUST FUND -MATCH	65,300	14,400		2474 2
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
MEDICAL CARE TRUST FUND -MATCH	1,990			2474 2
=====				
TOTAL: DATA MINING CAPABILITIES STAFF				3000A30
INCREASE				
TOTAL POSITIONS.....	5.00			
TOTAL ISSUE.....	347,813	14,400		
TOTAL SALARY RATE.....	202,713			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Additional Staff for the Agency for Health Care Administration, Bureau of Medicaid Program Integrity.-Data Mining Capabilities

BUDGET ISSUE SUMMARY: In order to meet its own support needs in Medicaid fraud and abuse prevention and recovery functions and to meet the statutory requirements that it provide data mining support to the Medicaid Fraud Control Unit of the Attorney General's Office, and to detect complex fraud and abuse schemes used by Medicaid providers, Medicaid Program Integrity requires the ability to build complex queries of the Medicaid data base that go beyond the stored programs currently in the database.

ISSUES: The Bureau of Medicaid Program Integrity seeks additional resources (5 FTEs) for the Agency for Health Care Administration, Bureau of Medicaid Program Integrity (MPI). These resources will enable the Agency to reduce losses in the Florida Medicaid program due to fraud and abuse and to more adequately support the work of the Medicaid Fraud Control Unit (MFCU) in the Office of the Attorney General.

MPI currently performs data mining for its own case detection needs and to fulfill its statutory requirement to provide data mining support for MFCU. Also, the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services has begun federally contracted audits of Medicaid providers and MPI has been called upon to provide data mining support for the contractors performing audits in Florida. Data mining can result in a recovery of overpayments through a case investigation or prevention activities such as prepayment reviews. Currently the staff involved in detection and data mining utilize the detection tools in the Medicaid Management Information System maintained by the Medicaid Fiscal

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
DATA MINING CAPABILITIES STAFF				
INCREASE				3000A30

Agent to identify potential fraudulent or abusive billing practices by Medicaid providers. The staff is limited to using the preprogrammed reports and queries that exist in the system. In order to detect the complex schemes that are used by fraudulent and abusive providers, we need the capabilities to construct our own data queries that go beyond the capabilities of the current system. In order to do this the Agency will need experienced programmers capable of constructing complex analytical tools. The latest Payment Error Rate Measurement (PERM) indicated an error rate of 6.25% which shows the potential exists to identify additional overpayments.

The return on investment for prevention for prepayment reviews is 3.6:1, the return on investment for case recovery is 1.9:1, and the investment in both instances includes the cost of data mining functions. To increase our detection capabilities, MPI is requesting 4 Systems Projects Analysts (PG 24) who will utilize the experience, knowledge and initiative of the current investigators to develop the necessary analytical tools and one Administrative Secretary (PG 12) for support.

BUDGET SUMMARY: The estimated cost to Medicaid Program Integrity is as follows:

In order to hire Systems Project Analysts with the appropriate experience and programming capabilities, the rate for these positions is ten percent above the minimum. Expenses are based upon the FY 2008-09 Agency standards for professional and support personnel.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	EXPENSES	OCO	HR SERVICES	FY 2009-10 TOTAL
Administrative Secretary	0108	12	1	22,541	\$34,913	\$8,020	\$0	\$398	\$43,331
Systems Project Analyst	2107	24	4	180,172	\$245,610	\$57,280	\$0	\$1,592	\$304,482
			5	202,713	\$280,523	\$65,300	\$0	\$1,990	\$347,813

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (01000)	\$280,523		\$280,523
(2474-2) Medical Care Trust Fund	\$280,523		\$280,523
Expenses (04000)	\$50,900	\$14,400	\$65,300
(2474-2) Medical Care Trust Fund	\$50,900	\$14,400	\$65,300
HR Services (107040)	\$1,990		\$1,990

 COL A03 COL A04 COL A05
 AGY REQUEST AGY REQ N/R AG REQ ANZ
 FY 2009-10 FY 2009-10 FY 2009-10
 POS AMOUNT POS AMOUNT POS AMOUNT

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
 WORKLOAD 3000000
 DATA MINING CAPABILITIES STAFF
 INCREASE 3000A30

(2474-2) Medical Care Trust Fund \$1,990 \$1,990

SOURCE OF FUNDS:
 (2474-2) Medical Care Trust Fund (100%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS

A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
0108 ADMINISTRATIVE SECRETARY							
N5029 001	1.00	22,541		12,372	34,913	0.00	34,913
2107 SYSTEMS PROJECT ANALYST							
N5028 001	4.00	180,172		65,438	245,610	0.00	245,610

TOTALS FOR ISSUE BY FUND							
2474 MEDICAL CARE TRUST FUND							280,523

	5.00	202,713		77,810	280,523		280,523
=====							

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
CASE MANAGEMENT UNIT STAFF				
INCREASE				3000A40
SALARY RATE				000000
SALARY RATE.....	440,413			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
MEDICAL CARE TRUST FUND -MATCH	10.00	603,725		2474 2
	=====	=====	=====	
EXPENSES				040000
MEDICAL CARE TRUST FUND -MATCH	136,900	29,400		2474 2
	=====	=====	=====	
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
MEDICAL CARE TRUST FUND -MATCH	3,980			2474 2
	=====	=====	=====	
TOTAL: CASE MANAGEMENT UNIT STAFF				3000A40
INCREASE				
TOTAL POSITIONS.....	10.00			
TOTAL ISSUE.....	744,605	29,400		
TOTAL SALARY RATE.....	440,413			
	=====	=====	=====	

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Additional Staff for the Agency for Health Care Administration, Bureau of Medicaid Program Integrity - Additional Case Management Unit

BUDGET ISSUE SUMMARY: In order to increase the number of audits of providers suspected of aberrant billing practices by Medicaid Program Integrity, staff is needed to create an additional work unit devoted to investigation and recovery of overpayments made to providers. The return on investment for investigative functions is 1.9:1.

ISSUES: The Bureau of Medicaid Program Integrity seeks additional resources (10 FTEs) for the Agency for Health Care Administration. In the past ten years, the Florida Medicaid Program costs have grown by approximately 150 percent, from about \$6 billion to \$16 billion per year. Staffing at MPI has increased from 84 to only 96 full time equivalent positions or about 13 percent during the same ten year period. This staffing is insufficient to insure adequate attention to

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
CASE MANAGEMENT UNIT STAFF INCREASE							3000A40

Medicaid fraud and abuse control.

These additional resources will enable the Agency to reduce losses in the Florida Medicaid Program due to fraud and abuse committed by Medicaid Providers. MPI staff that is involved in auditing Medicaid providers are divided into four Case Management Units, each assigned to audit a broadly defined provider group: Pharmacy, Institutional (hospitals & nursing homes), Medical, and Medicaid Waiver providers. Within each of these provider groups are a large number of provider types and specialties that staff members have to develop an understanding of in order to effectively conduct an audit and recover any overpayment to the provider.

The requested FTEs would be used to staff a fifth work group that would allow us to redistribute the provider types currently in the Medical and Waiver Units. It would be formed drawing from experienced investigators in existing units, internal promotions and new employees. The additional work group would increase the number of providers MPI could audit each year, increasing the recovery of overpayments made to Medicaid providers and allowing each work group to concentrate on a smaller number of provider types. MPI has automated the audit process as much as possible; however a comprehensive audit of a provider for fraud or abuse is very labor intensive. The investigator typically will select a sample of the provider's Medicaid claims, request supporting records, review the documentation submitted (for physician claims this will involve the assistance of a Registered Nurse Consultant and a Peer Physician), calculate the overpayment and notify the provider of the amount owed. If the provider exercises his hearing rights, the investigator must then prepare for litigation. These activities limit the number of audits each investigator can perform. This increase in staff will assist in allowing the time needed to perform better program oversight.

In FY 2007-08 the return on investment from case recovery functions was 1.9:1 on all costs including overhead and collocated costs. (It should be noted that this number is not typical of MPI's return on investment for previous years of over 3:1 due to a rule challenge to our sampling methods in 2007 which caused over 50 cases to be placed in abeyance until the final resolution of the issue. At the time of the preparation of this document, the First District Court of Appeals had just ruled in favor of the Agency and we are awaiting instructions from the Office of the General Counsel on how to proceed with the cases in abeyance.) Increasing the number of staff devoted to these functions will increase the amount of overpayments recovered by MPI by a similar ratio. The requested staff includes 1 AHC Administrator (PG 26), 1 Administrative Secretary (PG 12) and 3 Medical Health Care Program Analysts (PG 24).

BUDGET SUMMARY: The estimated cost to Medicaid Program Integrity is as follows:

The salary amounts for the AHC Administrator and the Medical Health Care Program Analysts are 10 percent above the minimum in order to be able to fill the positions with candidates who possess the appropriate work experience and training. Expenses are calculated at the Agency's standard cost for professional and support positions for FY 2008-09.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	EXPENSES	OCO	HR SERVICES	FY 2009-10 TOTAL
-------------	----	----	-----	------	-----------------	----------	-----	-------------	------------------

	COL A03		COL A04		COL A05						
	AGY REQUEST		AGY REQ N/R		AG REQ ANZ						
	FY 2009-10		FY 2009-10		FY 2009-10						
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	CODES					
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>
WORKLOAD											3000000
CASE MANAGEMENT UNIT STAFF											3000A40
INCREASE											
AHC Administrator	2250	26	1	56,144	\$75,963	\$14,320	\$0	\$398	\$90,681		
Administrative Secretary	0108	12	1	22,541	\$34,913	\$8,020	\$0	\$398	\$43,331		
Medical Health											
Care Program Analyst	5875	24	8	361,728	\$492,849	\$114,560	\$0	\$3,184	\$610,593		
			10	440,413	\$603,725	\$136,900	\$0	\$3,980	\$744,605		

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (01000)	\$603,725		\$603,725
(2474-2) Medical Care Trust Fund	\$603,725		\$603,725
Expenses (04000)	\$107,500	\$29,400	\$136,900
(2474-2) Medical Care Trust Fund	\$107,500	\$29,400	\$136,900
HR Services (107040)	\$3,980		\$3,980
(2474-2) Medical Care Trust Fund	\$3,980		\$3,980

SOURCE OF FUNDS:
 (2474-2) Medical Care Trust Fund (100%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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
WORKLOAD				3000000
CASE MANAGEMENT UNIT STAFF				
INCREASE				3000A40

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
0108 ADMINISTRATIVE SECRETARY							
N5034 001	1.00	22,541		12,372	34,913	0.00	34,913
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5035 001	8.00	361,728		131,121	492,849	0.00	492,849
2250 AGENCY FOR HEALTH CARE ADMINISTRATOR-SES							
N5033 001	1.00	56,144		19,819	75,963	0.00	75,963
TOTALS FOR ISSUE BY FUND							
2474 MEDICAL CARE TRUST FUND							603,725
	10.00	440,413		163,312	603,725		603,725

ADDITIONAL STAFF FOR MEDICAID							
PROGRAM INTEGRITY - MANAGED CARE							
OVERSIGHT							3000A60
SALARY RATE							000000
SALARY RATE.....	214,333						
SALARIES AND BENEFITS							
	5.00						010000
MEDICAL CARE TRUST FUND -MATCH		295,694					2474 2

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
ADDITIONAL STAFF FOR MEDICAID				
PROGRAM INTEGRITY - MANAGED CARE				
OVERSIGHT				3000A60
EXPENSES				040000
MEDICAL CARE TRUST FUND -MATCH	65,300	14,400		2474 2
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
MEDICAL CARE TRUST FUND -MATCH	1,990			2474 2
=====				
TOTAL: ADDITIONAL STAFF FOR MEDICAID				3000A60
PROGRAM INTEGRITY - MANAGED CARE				
OVERSIGHT				
TOTAL POSITIONS.....	5.00			
TOTAL ISSUE.....	362,984	14,400		
TOTAL SALARY RATE.....	214,333			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Additional Staff for the Agency for Health Care Administration, Bureau of Medicaid Program Integrity to Provide Oversight to Managed Care

BUDGET ISSUE SUMMARY: Medicaid Program Integrity must monitor the fraud and abuse prevention methods of the managed care organizations and work with them to prevent fraudulent of abusive billings. As the number of managed care organizations providing service to Medicaid beneficiaries increases, we must have additional staff to provide oversight to these organizations.

ISSUES: The Bureau of Medicaid Program Integrity (MPI) seeks additional resources (5 FTEs) for the Agency for Health Care Administration. These resources will allow MPI to provide oversight of the managed care organizations (MCOs) in the area of Medicaid reform.

As Medicaid transitions into managed care, the oversight mission for potential fraud and abuse transitions from Medicaid to the MCOs. Medicaid must continue to protect the interests of the State by monitoring the fraud and abuse prevention efforts of the MCOs. With the granting of Florida's Medicaid Waiver for the initial pilot program implementation, two MPI staff members were diverted from their normal duties to review and monitor the fraud and abuse efforts of participating MCOs and to establish and maintain lines of communication regarding potential fraudulent and abusive practices and providers. The Wavier references this function on page 43 under Program Integrity:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
ADDITIONAL STAFF FOR MEDICAID				
PROGRAM INTEGRITY - MANAGED CARE				
OVERSIGHT				3000A60

"The state's program integrity system will develop a process to oversee the activities of Medicaid managed care organization enrollees, health care providers, managed care networks, and their representatives in order to prevent fraud or abuse as defined in s.409.913, Florida Statutes, over-utilization or duplicate utilization, underutilization or inappropriate denial of services, and neglect of enrollees and to recover overpayments as appropriate. The state will refer incidents of suspected fraud, abuse, over-utilization, and duplicative utilization, and underutilization or inappropriate denial of services to the appropriate regulatory agency, including the licensing agency and the Medicaid Fraud control Unit of the Attorney General's Office. The program integrity system will require each Medicaid managed care organization to comply with Section 1932(d)(1) of the Act and 42 CFR 438.608 Program Integrity Requirements, in-so-far as these regulations are applicable. The payments to each Medicaid managed care organization will be based on the data submitted by the managed care organization and will be required to be in compliance with 42 CFR 438.604 data that must be certified and 42 CFR 438.606 Source, Content, Timing of Certification."

As Medicaid Reform expands and more MCOs are added to the program, MPI will require additional staff to conduct reviews of the MCOs to ensure their compliance with Medicaid rules and policies. This would be a specialized unit to develop and implement strategies for identifying fraud and abuse in a reformed environment and for monitoring the MCOs efforts to combat fraud and abuse. Proactive involvement and interaction between all elements of reform are essential to provide effective oversight in an effort to prevent fraud and abuse and to ensure that neglect of beneficiaries occurs to the minimum extent possible.

With no historical data available, we are unable to estimate a return on investment for this request. However, the funding for the Medicaid Program exceeds \$16 billion and fraud and abuse estimates exist by evidence of a Payment Error Rate Measurement (PERM) of 6.25%. Oversight is vital.

The positions requested include an AHC Administrator (PG 26), 3 Medical Health Care Program Analysts (PG 24) and an Administrative Secretary (PG 12).

BUDGET SUMMARY: The estimated cost to Medicaid Program Integrity is as follows:

In order to hire experienced staff the rate for the AHC Administrator and the Medical Health Care Program Analysts are 10 percent above the minimum for their pay grades. Expenses are based upon the Agency's standard rate for professional and support positions.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	EXPENSES	OCO	HR SERVICES	FY 2009-10 TOTAL
AHC Administrator	2250	26	1	56,144	\$75,963	\$14,320	\$0	\$398	\$90,681

	COL A03		COL A04		COL A05		POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	CODES
	AGY REQUEST	AGY REQ N/R	AGY REQUEST	AGY REQ N/R	AGY REQUEST	AGY REQ ANZ							
	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10							
AGENCY/HEALTH CARE ADMIN													68000000
PGM: HEALTH CARE SERVICES													68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>													68500200
<u>GOV OPERATIONS/SUPPORT</u>													16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>													<u>1602.00.00.00</u>
WORKLOAD													3000000
ADDITIONAL STAFF FOR MEDICAID													
PROGRAM INTEGRITY - MANAGED CARE													
OVERSIGHT													3000A60
Administrative Secretary	0108	12	1	22,541	\$34,913	\$8,020	\$0	\$398		\$43,331			
Medical Health													
Care Program Analyst	5875	24	3	135,648	\$184,818	\$42,960	\$0	\$1,194		\$228,972			
			5	214,333	\$295,694	\$65,300	\$0	\$1,990		\$362,984			

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (01000)	\$295,694		\$295,694
(2474-2) Medical Care Trust Fund	\$295,694		\$295,694
Expenses (04000)	\$50,900	\$14,400	\$65,300
(2474-2) Medical Care Trust Fund			
HR Services (107040)	\$1,990		\$1,990
(2474-2) Medical Care Trust Fund	\$1,990		\$1,990

SOURCE OF FUNDS:
 (2474-2) Medical Care Trust Fund (100%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
ADDITIONAL STAFF FOR MEDICAID				
PROGRAM INTEGRITY - MANAGED CARE				
OVERSIGHT				3000A60

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
0108 ADMINISTRATIVE SECRETARY							
N5031 003	1.00	22,541		12,372	34,913	0.00	34,913
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5032 001	3.00	135,648		49,170	184,818	0.00	184,818
2250 AGENCY FOR HEALTH CARE ADMINISTRATOR-SES							
N5030 001	1.00	56,144		19,819	75,963	0.00	75,963

TOTALS FOR ISSUE BY FUND							
2474 MEDICAL CARE TRUST FUND							295,694

	5.00	214,333		81,361	295,694		295,694
							=====

ACCESS TO SPECIALTY CARE CAMPAIGN							
REFERRAL SPECIALTY PLUS							3000A70
SALARY RATE							000000
SALARY RATE.....	414,071						
							=====
SALARIES AND BENEFITS							010000
GENERAL REVENUE FUND	-MATCH	289,801					1000 2
MEDICAL CARE TRUST FUND	-FEDERL	289,802					2474 3

TOTAL POSITIONS.....	11.00						
TOTAL APPRO.....		579,603					=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
ACCESS TO SPECIALTY CARE CAMPAIGN				
REFERRAL SPECIALTY PLUS				3000A70
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	78,760	16,500	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	78,760	16,500	2474 3
TOTAL APPRO.....		157,520	33,000	
		=====	=====	=====
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	-MATCH	547,762		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	547,762		2474 3
TOTAL APPRO.....		1,095,524		
		=====	=====	=====
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND	-MATCH	2,189		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	2,189		2474 3
TOTAL APPRO.....		4,378		
		=====	=====	=====
TOTAL: ACCESS TO SPECIALTY CARE CAMPAIGN				3000A70
REFERRAL SPECIALTY PLUS				
TOTAL POSITIONS.....	11.00			
TOTAL ISSUE.....		1,837,025	33,000	
TOTAL SALARY RATE.....	414,071			
		=====	=====	=====

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Access to Specialty Care Campaign Referred to as Referral Specialty Plus

ISSUE SUMMARY: The goal of the program is to increase the number of specialists willing to treat Medicaid patients in their office resulting in more timely appointments. The Agency will continually assess the needs and success of the program. Another component for measuring success will be through the administration of provider and beneficiary surveys.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
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>
WORKLOAD				3000000
ACCESS TO SPECIALTY CARE CAMPAIGN				
REFERRAL SPECIALTY PLUS				3000A70

Florida's Agency for Health Care Administration (Agency) estimates that the 500,000 beneficiaries enrolled in fee-for-service, MediPass (the state's primary care case management program), and the Medically Needy and dual eligible categories, require help to schedule approximately 16,000 specialty care visits per month, or 192,000 visits per year. To address the issue, the Agency is requesting funding to launch a campaign which will include outreach to specialists/providers, purchasing of appointment setting/tracking software, appointment reminder systems, enhanced transportation resources for beneficiaries who are unable to utilize existing transportation resources, surveys to assess satisfaction with care, and employment of specialty care coordinators who will assist the Primary Care Provider (PCP), beneficiary, and specialist in accessing specialty care/arranging transportation, and providing patient education.

ISSUE DETAIL: The campaign will first target two groups: (1) specialty care providers who are already enrolled in Medicaid but not providing services to Medicaid beneficiaries in their offices, and (2) dentists not enrolled in Medicaid. Specialty groups and organizations will be the priority as more providers can be contacted using these venues. Individual providers will be contacted and encouraged to re-open their practices to Medicaid beneficiaries. The goal of the campaign is to engage specialty providers in a manner that will result in their willingness to open their patient panels to Medicaid beneficiaries. The specialist would then allocate appointment times that will be reserved for Medicaid beneficiaries needing specialty care. Funding for campaign activities, printed materials, postage, etc., is also included in this budget request.

The Agency has enhanced an internal proprietary system called Med/Tel Track. Med/Tel Track is being used to assess call volumes associated with requests for specialty care and types of specialty care requested by county and provider type. This tracking system will provide baseline data for Referral Specialty Plus and data that will be used to continually reassess the need for specialty care (appointment slots) by geographic area and by provider type on an on-going basis. In addition, the Agency will purchase software to implement appointment setting, tracking, and reporting of information related to specialty care appointments.

Studies find that beneficiaries who fail to keep medical appointments and do not call to cancel may fail to get necessary medical care. Failure to keep appointments also decreases medical office productivity and discourages providers from making appointments with those who have a pattern of not showing up and do not call to cancel. Published average "show rates" is 58 percent. Young and low-income beneficiaries are more likely to be "no shows". A 2000 study concluded that computerized telephone reminders can be effective in contacting inner city beneficiaries and improving show rates, including among Medicaid beneficiaries. The Agency recognizes specialty providers are more likely to close their practices to Medicaid beneficiaries due to historic "no-show" rates. To address this issue, the Agency intends to purchase a telephonic appointment reminder system that will be linked to the appointment setting system and will call individual Medicaid beneficiaries to remind them of their appointment. Through the use of the appointment reminder system, the Agency anticipates greater compliance with medical appointments, enhanced provider satisfaction with the Medicaid program and improved clinical outcomes.

Another factor that may impact the "no show" rates is lack of transportation or unforeseen transportation difficulties.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
ACCESS TO SPECIALTY CARE CAMPAIGN				
REFERRAL SPECIALTY PLUS				3000A70

In an effort to eliminate this factor, the Agency will develop policies and procedures and work closely with its contracted transportation provider, the Commission for the Transportation Disadvantaged, to provide services to beneficiaries when the beneficiary experiences unforeseen car problems, or when a previously arranged driver is unable to help the beneficiary make the appointment. Currently, these types of transportation services are not a part of the Medicaid non-emergency transportation program. If the Agency is unable to contract with the Commission for Transportation Disadvantaged for transportation needed under these circumstances, the Agency will contract with another transportation provider for these specific services.

In order to fully implement all components of the project, 11 FTEs (Senior Human Service Program Specialists, pay grade 22 plus 3% over base) to serve as specialty care coordinators in Medicaid area offices throughout the State of Florida will need to be hired. The Senior Human Service Program Specialists will require an applicant with knowledge of medical terminology/medical experience in order to understand the condition of the beneficiary seeking assistance and provide the beneficiary with appropriate referral assistance. Hiring staff at this rate of pay will allow the state the opportunity to hire and retain staff with a skill level that will be conducive to the specialty care coordination process, thereby decreasing the risk of poor project outcomes. Hiring local staff will decrease travel associated with provider outreach activities, provide sufficient staff for the high volume of assistance needed to support this campaign, and will establish staff locally that will be familiar with the dynamics of local specialty care.

Each FTE staff will conduct the following critical activities: provide assistance to both beneficiaries and providers; conduct specialty physician outreach; help beneficiaries coordinate care with their primary care providers, specialists, and transportation providers; provide patient education; set appointments for beneficiaries; conduct provider and beneficiary satisfaction surveys; analyze data gathered during the specialty care coordination process; continually reassess the need for specialty care; and ensure appointment times are reserved with local specialists to meet the on-going specialty care needs of Medicaid beneficiaries.

BUDGET SUMMARY: The Agency will be continually assessing the needs and success of the program. Another component for measuring success will be through the administration of provider and beneficiary surveys. The Agency is requesting funding in the amount of \$1,095,524 for the purpose of contracting services to include the purchase of an appointment tracking system, appointment reminder system, and development of a provider/beneficiary survey, enhanced transportation resources, and an access to specialty care campaign.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Sr Human Svc Prgm Special	5879	22	11	\$414,071	\$579,603	\$157,520	\$0	\$4,378	\$1,095,524	\$1,837,025

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

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
ACCESS TO SPECIALTY CARE CAMPAIGN							
REFERRAL SPECIALTY PLUS							3000A70

	RECURRING	NON-RECURRING	TOTAL			
				FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)						
General Revenue 1000 (FSI 2)				\$289,801	\$0	\$289,801
Medical Care Trust Fund 2474 (FSI 3)				\$289,802	\$0	\$289,802
Total				\$579,603	\$0	\$579,603
Expenses (040000)						
General Revenue 1000 (FSI 2)				\$62,260	\$16,500	\$78,760
Medical Care Trust Fund 2474 (FSI 3)				\$62,260	\$16,500	\$78,760
Total				\$124,520	\$33,000	\$157,520
Transfer to DMS HR Outsourcing (107040)						
General Revenue 1000 (FSI 2)				\$2,189	\$0	\$2,189
Medical Care Trust Fund 2474 (FSI 3)				\$2,189	\$0	\$2,189
Total				\$4,378	\$0	\$4,378
Contracted Services (100777)						
General Revenue 1000 (FSI 2)				\$547,762	\$0	\$547,762
Medical Care Trust Fund 2474 (FSI 3)				\$547,762	\$0	\$547,762
Total				\$1,095,524	\$0	\$1,095,524
Total Issue						
General Revenue 1000 (FSI 2)				\$902,012	\$16,500	\$918,512
Medical Care Trust Fund 2474 (FSI 3)				\$902,013	\$16,500	\$918,513
Issue Total				\$1,754,705	\$33,000	\$1,837,025

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
ACCESS TO SPECIALTY CARE CAMPAIGN				
REFERRAL SPECIALTY PLUS				3000A70

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5879 SENIOR HUMAN SERVICES PROGRAM SPECIALIST							
N5022 001	11.00	414,071		165,532	579,603	0.00	579,603
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							289,801
2474 MEDICAL CARE TRUST FUND							289,802
	11.00	414,071		165,532	579,603		579,603

MOTOR VEHICLES FOR TAMPA AND MIAMI							
MEDICAID PROGRAM INTEGRITY FIELD OFFICES							3000090
EXPENSES							040000
MEDICAL CARE TRUST FUND -MATCH	66,861	66,861					2474 2

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Purchase of State Vehicles, Agency for Health Care Administration, Medicaid Program Integrity Field Offices

BUDGET ISSUE SUMMARY: Medicaid Program Integrity Staff in Miami and Tampa use rental cars for field investigations for their own safety. The purchase of three vehicles would save at least \$14,000 over a five year period.

ISSUES: Medicaid Program Integrity (MPI), in its efforts to detect and combat Medicaid fraud and abuse has field offices

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
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>
WORKLOAD						3000000
MOTOR VEHICLES FOR TAMPA AND MIAMI						
MEDICAID PROGRAM INTEGRITY FIELD						
OFFICES						3000090

in the major cities in Florida to maintain a physical presence in the provider community. MPI's presence in the community is accomplished through unannounced and scheduled site visits to Medicaid providers' places of business and interviews with beneficiaries of Medicaid services. This deterrent is especially necessary in Miami Dade and Broward Counties where extensive fraud and abuse occur.

A portion of the providers affected by MPI's efforts have connections to criminal elements. The results of our investigators' presence in the field have had a detrimental financial effect on these providers and can present a risk to the safety of the investigators and their families. In order to remain as anonymous as possible, rather than using personal vehicles that can be traced, the Miami MPI Field Office rents a vehicle for \$810 per month to use in field investigations. This rental is shared by 12 staff members, site visits are always conducted in teams of two. The number of site visits the staff is able to complete is limited by the availability of the vehicle which is often scheduled weeks in advance. Scheduling conflicts, urgently required site visits and special projects often requires that an additional vehicle be rented on a daily basis.

The Tampa MPI Field Office, whose territory extends from Ocala to Naples also rents vehicles on a daily basis for field investigations two or three times a week. The Administrator based in Tampa also supervises the field offices in Orlando and Jacksonville. The size of the territory necessitates high rental car utilization for investigative work and the Administrator's need to travel to the other field offices and Tallahassee.

In order to maintain MPI's presence in the South Florida community in the most cost-effective manner while continuing to ensure the safety of our staff, we are requesting the purchase of two plain unmarked vehicles for the Medicaid Program Integrity Office and one for the Tampa office. At current rental rates and usage, the cost of renting cars over the three year life of a vehicle would exceed \$80,000 versus purchasing three hybrid vehicles for \$66,861.

BUDGET SUMMARY: The estimated cost to Medicaid Program Integrity is as follows:

Cost based upon State Contract price of a Chevrolet Malibu Hybrid

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
New Vehicle Purchase (040000)		\$66,861	\$66,861
(2474-2) Medical Care Trust Fund		\$66,861	\$66,861

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
MOTOR VEHICLES FOR TAMPA AND MIAMI				
MEDICAID PROGRAM INTEGRITY FIELD				
OFFICES				3000090

SOURCE OF FUNDS:
 (2474-2) Medical Care Trust Fund (100%)

EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10
SALARY RATE				000000
SALARY RATE.....	954,643			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	658,248		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	658,250		2474 3
		-----	-----	
TOTAL POSITIONS.....	23.00			
TOTAL APPRO.....	1,316,498			
	=====	=====	=====	
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND	-MATCH	352,353		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	352,354		2474 3
		-----	-----	
TOTAL APPRO.....	704,707			
	=====	=====	=====	
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	420,559	60,876	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	420,559	60,876	2474 3
		-----	-----	
TOTAL APPRO.....	841,118	121,752		
	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10
OPERATING CAPITAL OUTLAY				060000
GENERAL REVENUE FUND -MATCH	19,543	19,543		1000 2
MEDICAL CARE TRUST FUND -FEDERL	19,544	19,544		2474 3
TOTAL APPRO.....	39,087	39,087		
=====				
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND -MATCH	1,908,303			1000 2
MEDICAL CARE TRUST FUND -FEDERL	1,908,303			2474 3
TOTAL APPRO.....	3,816,606			
=====				
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	5,699			1000 2
MEDICAL CARE TRUST FUND -FEDERL	5,699			2474 3
TOTAL APPRO.....	11,398			
=====				
TOTAL: EXPANSION OF MEDICAID MANAGED				3003A10
CARE PILOT PROGRAM				
TOTAL POSITIONS.....	23.00			
TOTAL ISSUE.....	6,729,414	160,839		
TOTAL SALARY RATE.....	954,643			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Expansion of Medicaid Managed Care Pilot Program

ISSUE SUMMARY: This request consists of funds necessary for expansion of the Medicaid Managed Care Pilot Program into Miami-Dade and Monroe County (AHCA Area 11) and into Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Washington, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Escambia, Okaloosa, Santa Rosa, and Walton Counties (AHCA Areas 1 and 2, or "the Panhandle"). Since there are no current health plans in Monroe or in nine of the panhandle counties, we

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

expect there to be extensive outreach efforts and plan-provider/beneficiary education efforts regarding managed care concepts required for those counties.

Bureau of Health Systems Development:

Provider Service Network (PSN) Unit:

Current workload allows one program analyst per two fee-for-service (FFS) PSNs due to the fiscal agent technical assistance overlay required for FFS PSNs. Currently, we have three full time equivalent (FTE) career service analysts handling six Pilot FFS PSN contracts (including one specialty PSN and one contract that spans both non-Pilot and Pilot counties) and one capitated PSN non-Pilot contract. We expect at least seven existing plan expansions/Pilot applications for review and potential contract maintenance and two potential new applications when the Pilot expands into Area 11. We expect at least three existing plan expansion/Pilot applications and one potential new application when the Pilot expands into the Panhandle. While the expansion applications do not require as much work as a full application, they do impact current staff's ability to keep up with the existing committed workload. Our staffing workload also anticipates being able to use some of the 'new' PSN unit staff working with Area 11 and some existing PSN unit staff to assist with Panhandle activities based on the roll-out timeframe proposed in this expansion proposal.

Health Maintenance Organization (HMO) Unit:

There are 14 HMO contracts in non-Pilot counties and 11 HMO contracts in Pilot counties being handled by 4 program analysts, 1 RN consultant and 1 human services program specialist. The HMO unit can effectively handle 2-3 contracts per analyst.

Currently there are 10 non-Pilot HMOs in Miami-Dade County and no managed care plans in Monroe County. One of the plans in Miami-Dade County does not currently operate a Pilot plan and we anticipate the plan will submit a Pilot application if the Pilot expands to Area 11. The other nine HMOs operate Pilot plans in Broward County and we anticipate all will submit expansion applications in order to operate in Area 11. In addition, there is one more Broward County Pilot plan (Freedom) that is not currently a non-Pilot plan in Area 11 that we expect would expand as a Pilot plan to Area 11 if the Pilot was implemented there. Therefore, with the Pilot expansion, we anticipate there may be as many as 11 HMO expansion applications to process in Area 11. While the expansion applications do not require as much work as a full application, they do impact current staff's ability to keep up with an already over-burdened workload. We expect at least three existing plan expansion/Pilot applications when the pilot expands into the Panhandle. Our staffing workload also anticipates being able to use some of the 'new' HMO unit staff working with Area 11 and some existing HMO unit staff to assist with Panhandle activities based on the roll-out timeframe proposed in this expansion proposal.

In addition, there are three HMO applications pending, two for the non-Pilot and one specialty plan for the Pilot. The two non-Pilot plans are anticipating applying to become Pilot plans once they have executed the contract for the non-Pilot HMO.

Data Unit:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

The Pilot program currently consists of eleven HMOs and six PSNs. Currently three staff handle the enrollment reporting and benefits review activities and two handle the network/survey analysis on a part-time basis. We anticipate that with the Pilot expansion into Area 11 and the Panhandle, this program will expand to include at least four additional HMOs, three additional PSNs, seven PSNs submitting expansion applications and ten HMOs submitting expansion applications, resulting in potentially 42 additional county populations to have to sample and include in all enrollment, benefit grid analysis, and network survey work.

Waiver Unit:

With the expansion into Area 11 and the Panhandle, there will be an increase of 20 counties into the federal 1115 Medicaid Managed Care Pilot Waiver, resulting in an increase of narrative and data needed for the four quarterly reports, the annual reports and the waiver renewal request that will occur during this same time span.

Bureau of Medicaid Contract Management (MCM):

The Medicaid Managed Care Pilot expansion into Area 11 and the Panhandle will require nine of the existing ten contractors to complete Pilot expansion applications. While two of the three existing PSN providers are converting to HMOs, these providers will also have to complete an expansion request. MCM will handle the systems needs of 15 HMO's and 9 PSN's with an aggregate eligible enrollment of approximately 290,000 as well as encounter data processing from this population of approximately 725,960 annually. The Beneficiary Unit (Choice Counseling and Enhanced Benefits) will assist approximately 290,000 make active choices to new plans during the transition period.

Bureau of Managed Health Care:

Each Medicaid Managed Care Pilot HMO must submit eight Performance Improvement Plans (PIPs) for review and evaluation, and each non-Pilot HMO must submit four PIPs. There are 11 HMO contracts in the Pilot, times 8 PIPs required in total, equals 88 PIPs, and 3 non-Pilot HMOs which only have 4 to submit. Thus there is a grand total of 100 PIPs which have to be submitted, reviewed and evaluated on an annual basis. The Medicaid Managed Care Pilot expansion into Area 11 and the Panhandle will require 9 of the existing 10 contractors to complete Pilot expansion applications. Only one plan, Jackson Memorial Health Plan, will need to complete the entire Pilot application process. While 2 of the 3 existing PSN providers are converting to HMOs, these providers will also have to complete an expansion request.

Bureau of Medicaid Quality Management:

Project Management:

Currently the Project Management Office (PMO) has 5 Project Managers (PMs) that manage 12-15 non Medicaid Managed Care Pilot projects per year and a portfolio of 150+ legislatively mandated projects, reports and operational tasks. These projects will still require management regardless of any Medicaid Managed Care Pilot expansion. One project manager can handle 3 teams of 12-15 people and there will be 7-8 additional teams required for expansion, and therefore 2 additional Project Management resources are needed. In addition, it is expected that there would be at least 2 outreach meetings

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
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				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
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per month every month throughout rollout of the Medicaid Managed Care Pilot (24+ meetings per year) for which the PMO would be responsible for planning/execution and would commit a full time resource.

MEDS/Risk Adjustment:

We anticipate that the initial expansion of the Medicaid Managed Care Pilot to Area 11 and the Panhandle will involve as many as 15 HMO's and 9 PSN's with an aggregate eligible enrollment of 290,384. From this population we can expect approximately 725,960 encounter submissions annually. Based on our early experience and that from other states, we are likely to see a 10% error rate in the encounters that are submitted. Rejected encounter submissions must be tracked to assure timely resubmission by the MCO's. Additional data from other states indicates that the level of underreporting of encounter data may be as high as 50%. Checks for encounters without associated medical records as well as encounters with significant discrepancies from the actual medical record must be in place to assure validity of the encounter process and associated rate setting.

Bureau of Medicaid Program Analysis:

These new positions can and would be measured by the number of requests and error rate of the completed tasks. In addition, measures could be added to the units as a whole as they are currently not attainable due to the varying priority lists. Regular reporting requirements can be placed into operations which will allow for a proactive view of changes within the Medicaid data can be seen as they are occurring, which could allow for changes in trends to be seen prior to estimating conferences. Performance measures for staff knowledge of the program and eligibility could be established. The additional positions would also be able to standardize and document the process of Pilot related data and rates and document the expansion into additional areas. Currently, due to workload, this documentation and tracking is not available.

Possible Measures:

- 1) Establish a tracking system and documentation process which can be measured by completeness and maintenance.
- 2) #1 can be used to measure the timeliness of turnaround or standard completion times.
- 3) Regular reporting and meeting set completion targets of the reports.

Area Offices:

Until such time that the entire Medicaid population is moved into managed care, staff currently assigned to maintain the fee-for-service program must be maintained. Even in areas where the Medicaid Managed Care Pilot currently exists there are populations that are excluded and continue to be fee-for-service. Area Office staff must maintain knowledge and skills necessary to serve these populations. All duties associated with Expansion are above and beyond what current staffing workload can accommodate. The Medicaid Pilot required Area Office staff employees to perform 100% of their current fee-for-Service/MediPass/Managed Care duties in addition to successfully developing, implementing, sustaining, and evaluating this new program.

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
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>
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ISSUE DETAIL: During the 2005 Special Legislative session, the Florida Legislature passed House Bill 3-B, authorizing the Agency for Health Care Administration to implement the approved federal waivers for the Medicaid Managed Care Pilot Program in accordance with s. 409.91211, F.S. That section directs the Agency to implement phase one of the demonstration in two geographic areas. One demonstration site shall include only Broward County. A second demonstration site shall initially include Duval County and shall be expanded to include Baker, Clay, and Nassau Counties within one year after the Duval County program becomes operational. The Agency is further directed to implement expansion of the program to include the remaining counties of the state and remaining eligibility groups in accordance with the process specified in the federally approved special terms and conditions numbered 11-W-00206/4, as approved by the federal Centers for Medicare and Medicaid Services on October 19, 2005, with a goal of full statewide implementation by June 30, 2011.

This request consists of funds necessary for expansion of the Medicaid Managed Care Pilot Program into Miami-Dade and Monroe County (AHCA Area 11) and into Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Washington, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Escambia, Okaloosa, Santa Rosa, and Walton Counties (AHCA Areas 1 and 2, or "the Panhandle").

Resources Requested:

Bureau of Health Systems Development:

Ten Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Health Systems Development
 These positions are needed to supplement current staff in the Health Maintenance Organization, Provider Services Network, Data and Waiver units within Health Systems Development. These positions will take on the additional workload expected in processing applications, expansion requests, reconciliations, conversion applications, complaint/issue processing, waiver reporting and technical assistance to providers. Additional support positions (Operations Management Consultants) are needed in the office of the Bureau Chief and in the HMO and PSN units to assist with the expected additional workload associated with the further implementation of the Medicaid Managed Care Pilot. Since there are no current health plans in Monroe or in nine of the Panhandle counties, we expect there to be extensive outreach efforts and plan-provider/recipient education efforts required of HSD regarding managed care concepts required for those counties.

Five PG 24 - Medical Health Care Program Analysts

Two program analyst positions will be used for the PSN Unit.

Current workload allows one program analyst per two FFS PSNs. Currently, we have three FTE career service analysts handling six Pilot FFS PSNs (including one specialty PSN and one labor-intensive contract that spans both Pilot and non-Pilot) and one capitated non-Pilot PSN. FFS PSNs require more technical assistance than HMOs due to the claims payment being housed in our FMMIS system and the additional technical assistance required for PSN network providers. With the Pilot expansion into Area 11 and the Panhandle, an additional two program analyst positions are required to handle the additional expansion applications and new applications we expect to receive. We expect that South Florida Community Care Network, Pediatric Associates, NetPass, Access and Children's Medical Service will request expansion to Area 11 as

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
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AGENCY/HEALTH CARE ADMIN						68500000
PGM: HEALTH CARE SERVICES						68500200
<u>EXECUTIVE DIR/SUPPORT SVCS</u>						16
GOV OPERATIONS/SUPPORT						<u>1602.00.00.00</u>
<u>EXEC LEADERSHIP/SUPPRT SVC</u>						3000000
WORKLOAD						
EXPANSION OF MEDICAID MANAGED						3003A10
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they have all previously stated their interest in this county. We also expect Better Health Plan (a current Pilot applicant) will wish to expand into Area 11 as will Prestige, a non-Pilot health plan that would need to complete the entire application process. In the Panhandle, we expect to receive expansion requests from Prestige, Children's Medical Service, and First Coast Advantage. In addition to these existing plans, we estimate that we will receive at least three new PSN applications for Area 11 and/or the Panhandle counties due to other expressed interest in these counties. This totals ten existing plan expansions/Pilot applications for review and potential contract maintenance and three potential new applications (based on the two new applications received from entities to become health plans in Broward County and expressed interest in the Panhandle).

These positions will help with the additional contract management and oversight responsibilities enacted since the implementation of the Pilot and serve as liaison with the Bureau of Managed Health Care, the Bureau of Contract Management's Choice Counseling unit and the Bureau of Quality Management's MEDS team. In addition, the positions will free up current staff to develop training materials requested by the PSNs and providers in the March and May (2008) continuous improvement forums. Such materials are necessary to more adequately ensure PSN success in the expansion areas. These positions will also free up staff time for Customer Service Request development and review to address needed enhancements in the current FMMIS system in order for the FFS PSN system. In addition, FFS PSN reconciliation is being handled by an OPS employee and, since it is an OPS position, we are always concerned about turnover and getting qualified staff. The employee that was in this position lasted 1.5 years, and training new staff will add additional burden and time taken away from time-sensitive expansion issues. With two analyst positions, we would be able to move the reconciliation activities to a permanent employee, freeing up the OPS position for other PSN activities that do not require financial analysis training and knowledge.

Contract management oversight activities include review of processing amendments, individual plan capitation rate development, enrollment levels, systems changes and file maintenance, review of funds expended, review and oversight of monitoring report statuses, complaints, MEDS issues, EQRO issues, performance measure compliance, and report compliance, etc. In addition, analysts provide technical assistance to their plans and also enter complaints received in the HSD complaint database.

Two program analyst positions will be used for the HMO Unit. There are 14 HMO contracts in non-Pilot counties and 11 HMO contracts operating in Pilot counties being handled by 4 program analysts, 1 RN consultant and 1 human services program specialist. The HMO unit can effectively handle 2-3 contracts per analyst. In Area 11, currently there are 10 non-Pilot HMOs in Miami-Dade County and no HMOs in Monroe County. One of these HMOs does not currently operate a Pilot plan and we anticipate it will submit an application if the Pilot expands to Area 11. The other nine HMOs operate Pilot plans in Broward County and we anticipate all will submit expansion applications in order to operate in Area 11. In addition, there is one more Broward County Pilot plan (Freedom) which we expect would expand to Area 11 if the Pilot was implemented there. In the Panhandle, we currently have 3 HMOs (Healthease, Buena Vista and Universal) and expect to receive expansion requests from the three existing plans. Therefore, with Pilot expansion, we anticipate there may be as many as fourteen expansion applications to process. While the expansion applications do not require as much work as a full application, they do impact current

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
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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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
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staff's ability to keep up with an already over-burdened workload.

In addition, there are three HMO applications pending, two for non-Pilot counties and one specialty plan for the Pilot. The two non-Pilot plans are anticipating applying to become plans in Pilot counties once they have executed the contract for the non-Pilot counties. We expect that these plans will all expand into Area 11 and that at least two will expand into the Panhandle.

At a minimum, the two additional staff will allow contract management activities to be performed effectively. Such activities include review of processing amendments, individual plan capitation rate development, enrollment levels, systems changes and file maintenance, review of funds expended, review and oversight of monitoring report status, complaints, MEDS issues, EQRO issues, performance measure compliance, report compliance, etc. In addition, analysts provide technical assistance to their plans and also enter complaints received in the HSD complaint database.

One program analyst will be used for the Waiver Unit. There is currently no staff person to handle the detailed quarterly and annual reports required by the 1115 Medicaid Managed Care Pilot Waiver. These reports require much staff time for coordination and draft review and the reports will become significantly larger with the addition of new counties. In addition, we will be expanding into Area 11 and the Panhandle during the same time period as the waiver renewal application submission. Having an analyst position for the Waiver Unit to handle the day-to-day report and compliance issues will help ensure timely submission of required waiver documents and resolution of waiver issues. In addition, it will allow current waiver staff to carefully review the documents prior to submission to management.

Two PG 23 - Operations Management Consultant (OMC) II
 To assist the Bureau Chief in ensuring that proper tracking of activities related to expansion will occur. This will greatly assist management of operational activities related to expansion that are routine in nature: contract management oversight, correspondence, log assignments, draft internal administrative reports, public records requests. These positions will also assist in other administrative functions, such as training secretaries, reviewing budget, travel and finance issues so that all will be accomplished timely.

One PG 12 - Administrative Secretary
 This is an administrative support position to assist with the additional professional workload. This position is required to support the PSN unit. Currently this unit is functioning with an OPS PG 12 and has had staff turnover twice in less than a year. A permanent position is requested not only to handle the increase in professional workload (to be supported by an administrative position) but also to allow for stability in the unit. Activities to be performed include copying, filing, maintenance of contract files, record storage and retrieval, travel, etc. The addition of a permanent staff person will allow OPS funds to be used on PSN unit activities that are temporary to expansion (such as tracking of expansion applications and status through the application process, copying and production of necessary technical assistance documents).

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
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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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
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Two PG 25 - Senior Data Base Analyst

These positions will be used in the HSD Data Unit. The Medicaid Pilot program currently consists of eleven HMOs and six PSNs. The HSD Data Services unit currently produces a variety of monthly enrollment reports, has an active role in the monthly provider network accuracy survey process, reviews annual benefit plans for approval, provides data for interested applicants and current providers as well as providing gross adjustment payment data for PSNs. Currently three staff handle the enrollment reporting and benefit review activities and two handle the network analysis on a part-time basis. We anticipate that with expansion of the Pilot into Area 11 and the Panhandle, this program will expand to include at least four additional HMOs, three additional PSNs, seven PSNs submitting expansion applications and ten HMOs submitting expansion applications, resulting in an additional 42 county populations to have to sample and include in all enrollment, benefit grid analysis, and network survey work. The addition of multiple plans will greatly increase the data workload for each of these projects as well as the increase in projected data needs and technical assistance. The requested increase in staff is needed in order to continue to adequately provide data services.

Bureau of Managed Health Care:

Two Full-Time Equivalent (FTE) positions-Health Quality Assurance, Bureau of Managed Health Care

These positions are needed to supplement current staff in the Bureau of Managed Health Care in handling the expected additional workload associated with the further implementation of the Medicaid Managed Care Pilot.

Two PG 24 - Medical Health Care Program Analysts

With the expansion proposed for Medicaid Managed Care Pilot into Area 11 and the Panhandle, we believe that we would need two additional positions. One position will work on quality and outcome measures, reviewing performance improvement plans and the quality improvement programs, and disease management. This person will work with our Registered Nurse Consultant in monitoring HMOs related to quality and performance measures relating to health care delivery. Performance Improvement Projects: each Pilot HMO must submit eight PIPs for review and evaluation, and for non-Pilot four PIPs. There are 11 HMO contracts in Pilot counties, times 8 PIPs required in total, equals 88 PIPs, and 3 HMOs which only have 4 to submit, in non-Pilot counties. Thus there is a grand total of 100 PIPs which have to be submitted, reviewed and evaluated on an annual basis.

- Quality Improvement Programs: in the Pilot only, each contractor must submit an overall report annually on the status of their overall quality improvement programs. These reports must be reviewed and evaluated.
- Child Health Check Up: each plan must submit on an annual basis, so there are 14 reports which must be evaluated and corrective action plans reviewed, evaluated and approved if a plan does not meet the goals established by state statute and federal regulations.
- Disease Management: Pilot only, each of the eleven contractors must have five disease management programs. Each plan must submit annually a report on the status and performance of each disease management program. Each report must be reviewed and evaluated.

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
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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>
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- Cultural Competency Programs: Pilot only, each of the eleven contractors must provide an annual report on the status of its program. Each report must be reviewed and evaluated.

In addition to the above, the new position will participate in the on-site review of medical records, case management files, quality improvement committee minutes, interviewing staff in case management and utilization management departments.

The second position will be needed to initially assist in the evaluation of new Pilot county applicants and expansion requests for existing Pilot plans expanding into these new areas. Expansion of the Pilot into Area 11 will require nine of the existing ten contractors to complete expansion applications. Only one plan, Jackson Memorial Health Plan, will need to complete the entire application process. While two of the three existing PSN providers are converting to HMOs, these providers will also have to complete an expansion request. This new position will have a key role in taking on existing staff responsibilities to allow the current program analysts to work on the expansion requests. Once the expansion reviews are complete, this position will have complete compliance responsibility for at least one contractor, will have overall responsibilities for reviewing all monthly reports including the consumer inquiry data base and complete overall trend analysis summaries for review by the plan analysts.

Bureau of Medicaid Contract Management:

Five Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Medicaid Contract Management
 Three positions are needed to supplement current staff with coordination between Contract Management staff and the other Bureaus within Medicaid regarding processing of applications, file maintenance, provider data, and provider file issues. In addition, these positions will provide agency technical systems expertise in the Florida Medicaid Management Information System to guide/instruct HMOs and Provider Service Networks in the Pilot counties through the claims submission processes.

Contract Management

Two PG 25 - Senior Data Base Analyst
 The System Project Analysts will be addressing the following duties and responsibilities, all of which are unique to the Medicaid Managed Care Pilot and the Encounter Data project: Provide Agency technical systems expertise in the Florida Medicaid Management Information System to guide/instruct HMOs and Provider Service Networks (PSNs) through the various type claims submission processes unique to the Pilot and Encounter Data programs. Provide internal technical consultant services to Agency bureau staff that also interact with the Pilot HMOs and PSNs. Perform analyses to identify potential claims submission and internal Systems problems and institute changes to the MMIS to correct deficiencies and enhance the claims processing operations peculiar to the Pilot. Coordinate with other Agency bureau staff to devise appropriate reporting mechanisms and reports to be provided to both Agency staff and Pilot providers.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
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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>
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Conduct system studies of the Fiscal Agent's operations to ensure the proper edits and audits are performed in order to prevent erroneous payment of PSN Direct Submitter medical claims and pricing of encounter claims. Conduct system studies of the Fiscal Agent's operations to ensure the proper tracking of PSN claims and encounter claims through the system and their identification when they are not processed within contract provisions.

One PG 24 - Medical Health Care Program Analyst

Coordinate efforts between MCM Provider Enrollment and the Bureau of Health Systems Development and the Bureau of Managed Care staff. Receive and process applications for managed care providers for Pilot counties. Communicate deficiencies to HSD staff and monitor for receipt of corrections. Verify all managers/owners/operators are background screened per s. 409.907, F.S. Direct creation of Provider Master File, Managed Care Plan File, Provider Charge File, and Submitter IDs and Passwords for IDEX and HOST websites. Coordinate and process the provider data necessary to the linking of a Plan's network of treating providers to each managed care plan for the Encounter Data project. Problem solve provider file issues such as: linking of authorized submitter IDs to PSN providers, linking of Third Party Administrators (TPAs) to plans, coordinating submitter IDs to allow correct permissions for claims submission and delivery of remittance voucher (RV) information, administrative fee percentage coding, kick payment rates loading, etc.

Choice Counseling Unit

Two positions are needed in the Choice Counseling Unit to supplement current staff by assisting with the creation of reports and data analysis relating to the Choice Counseling and Enhanced Benefits programs, to assist with the anticipated workload increase associated with the further implementation of Medicaid Managed Care Pilot in contract monitoring of the Choice Counseling and Enhanced Benefits contracts, and to provide the unit with additional administrative support necessary due to the increased workload.

One PG 23 - Operations Management Consultant (OMC) II

Contract Monitoring for the Choice Counseling (CC) and Enhanced Benefits (EB) contracts. Resolution of beneficiary issues. The OMC II staffer will be addressing the following duties and responsibilities, all of which are unique to Medicaid Managed Care Pilot operations, Choice Counseling (CC) as well as the EB (Enhanced Benefits) program within the Pilot.

1. Assist with the monitoring of the performance standards (Service Level Agreements, or SLAs) of the CC and EB vendors for the CC and EB operations as the Pilot counties roll out operations.
2. Coordinate with the EB and Fiscal Agent vendors to resolve EB issues, data discrepancies, and reporting of data to beneficiaries.
3. Coordinate with the EB vendor healthy behaviors record keeping and monitor AR balances.
4. Perform analyses to identify potential data submission and internal Systems problems and coordinate with the FA

	COL A03	COL A04	COL A05	
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AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
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GOV OPERATIONS/SUPPORT				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
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and CC vendor and EB vendor the changes to the respective operations to correct deficiencies and enhance the data accumulation and reporting functions.

One PG 24 - Medical Health Care Program Analyst

Monitoring Choice Counseling field counseling activities, choice counseling phone activities. The Analyst staffer will be addressing the following duties and responsibilities, all of which are unique to Medicaid Managed Care Pilot operations, Choice Counseling (CC) as well as the EB (Enhanced Benefits) program within the Pilot.

1. Monitor (on-site and desk review) the performance standards (Service Level Agreements, or SLAs) of the CC and EB vendors for the CC and EB operations as the Pilot counties roll out operations.
2. Communicate file transfer and file content deficiencies to HSD bureau staff for participating Plans and monitor for receipt of corrections.
3. Coordinate the CC phone and face to face activities to ensure waiver requirements for CC are being met and beneficiary needs appropriately addressed, county by county as/when included in the roll-out.
4. Provide internal technical consultant services to agency bureau staff who also interact with the Pilot HMOs and PSNs.

Bureau of Quality Management:

Six Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Quality Management

These positions are needed to supplement current staff responsible for project management, risk adjusted rates and risk scores and Medicaid Encounter Data unit. The positions are necessary to assist with the expected additional workload associated with the further implementation of the Medicaid Managed Care Pilot.

Project Management

Medicaid has become successful in implementing large projects by institutionalizing project management principles and by using certified Project Managers (PMs) to coordinate and manage these projects. The demand for project management resources has far exceeded the staff available (five PMs). On average Medicaid receives over 120 legislatively mandated projects, reports and operational tasks and manages an ongoing portfolio of projects of over 170 projects annually. (Examples of projects include large projects such as implantation of the Pilot, MEDS, Transportation, as well as smaller projects.) Their tasks include but are not limited to directing and working with assigned individual project teams to maintain a high level of quality while ensuring the project stays on schedule, and within budget. Project management standards will be adhered to where communication, project documentation, mitigation of risks and timely feedback to Senior Management of project progress and customer concerns are addressed. Also the addition of this position will assist Medicaid in meeting the requirement of having certified project managers participate in all large scale

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AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
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AGENCY/HEALTH CARE ADMIN						68000000
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Invitations to Negotiate and manage Agency initiatives to which Medicaid is involved. On average Project Managers can manage 2-3 teams simultaneously depending on the size of the team. The PMO formally manages between 10-12 project teams (in addition to the Pilot) and 5-6 special projects and process improvement projects annually. During the initial implementation of the Pilot there were insufficient project managers to manage Medicaid projects and Pilot implementation. Management diverted 100% of the Project Management Office's resources to managing implementation. The result was successful implementation of the Pilot, but there was significant impact to other Medicaid projects. Programs such as Prepaid Therapies, EQRO, Portfolio Management (Medicaid's 170 legislatively mandated projects) were delayed, some more than a year.

One PG 26 - Government Analyst II- Project Manager - Outreach Coordinator

In the first years of the Medicaid Managed Care Pilot effort, we learned that substantial planning was necessary to coordinate the outreach efforts in the first five counties. In order for the expansion effort to be successful, providers and beneficiaries need to be informed by the Agency and its contractors. The message must be consistent and clear to counter misinformation brought on by confusion and uncertainty relating to the move to managed care. The Outreach Coordinator would be a certified project manager with experience in large scale projects. In addition to managing a project team of headquarters and area staff, the position would be responsible for contracting of any and all elements of the outreach activities such as negotiating site location and preparation, noticing, arranging interpreters and inviting guests. In addition, the position would work with other Project Management Office staff to collect and route all presentations and materials, coordinate speakers, and prepare all meeting materials. Outreach meetings will be held in each Area of expansion prior to the implementation date. Due to the large and diverse population in Area 11, multiple meeting venues would be necessary. Follow up meetings will be coordinated after the first few months of implementation. Additional rate is necessary to attract and retain a qualified project manager. It is expected that there would be at least two meetings per month every month throughout rollout of the Medicaid Managed Care Pilot (24+ meetings per year). After rollout is complete, this manager would assist in managing Medicaid's ever growing portfolio of 170+ legislatively mandated projects and decreasing our dependency on contract project manager that cost over \$125 per hour as staff augmentation.

One PG 26 - Government Analyst II- Project Manager

This position would be assigned solely to the management of Pilot expansion activities. As learned in the first years of the Pilot demonstration, the major activities include plan contract and amendment coordination (plan readiness), system readiness and choice counseling. Up to seven project teams may be necessary to implement the expansion effort with eight to twelve members per team. These teams are in addition to teams that are necessary for other functions within Medicaid. A dedicated position is required to ensure proper planning of the schedule and tracking of milestones and deadlines. This position should be held by a certified project manager with experience managing large projects. Additional rate is necessary to attract and retain a qualified project manager. Addition of this position will allow us to decrease our dependency on contract project managers that cost over \$125 per hour as staff augmentation. After rollout is complete this manager would assist in managing Medicaid's ever growing portfolio of 170+ legislatively mandated projects.

One PG 24 - Operation Review Specialist Project Administrator/Business Analyst

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

This position would support the additional project workload brought on by the additional teams and meetings. Responsibilities would include note taking, meeting summaries, agenda distribution, and the logistics of room scheduling and preparation. This requires someone who is highly organized and has experience coordinating multiple meetings with complex topics. Logistics for up to seven project teams would be supported resulting in weekly agendas and meeting summaries for each. This position will also track documentation of policy decisions by the Governance committee. The position is entry level project administrator who progressively over time will become a Project Manager.

MEDS and Risk Adjustment

As the Pilot expands into additional counties in Florida, Medicaid encounter claims must be collected by the Agency from health plans for payment of risk adjusted capitation rates (RAR). In order to facilitate these submissions, health plans need to be submitting complete and accurate encounter data through MEDS (Medicaid Encounter Data System). Health Plans are varied in their experience with encounter data and risk adjustment principles. Some of these Health Plans will include: health maintenance organizations (HMOs); prepaid mental health plans (PMHPs); prepaid dental health plans (PDHPs); capitated provider service networks (PSNs); Nursing Home Diversion Program (NHDP); Florida Senior Care; and any contracted vendor paid a capitated or fixed payment for services rendered, but not currently captured in FMMIS, to Medicaid beneficiaries. Importance of data includes: service utilization tracking and trending; provider and plan profiling; plan performance measures and benchmarks; detecting anomalies such as under or over-utilization of services; tracking of health plan contract requirements, enhanced benefits for the Pilot, benefit limits for the Pilot; rate setting; risk acuity beneficiary scores; and for risk adjustment of health plan capitation rates. The initial collection of encounter data was expedited due to the requirements for risk adjustment in the Pilot. As an interim solution, a minimum data set of pharmacy data was used with a pharmacy risk adjustment model to fulfill these requirements. The long term solution was the collection of all Medicaid service data in a standard HIPAA format. Existing staff resources, along with consultants, were used to design and develop procedures and systems to this end. However, the operational activities necessary to develop MEDS into a mature system with quality and useable data, along with start-up activities of health plans under the Pilot, justify additional positions. The responsibilities of these positions will include, at a minimum, the following:

- Continuous development of governing policies and rules for encounter data;
- Support of submission documentation as it relates to business and technical specifications;
- Technical analysis, support, and communication, related to the HIPAA transaction formats and fiscal agent EDI gateway access and processing requirements;
- Statistical analysis to identify trends, utilization patterns, outliers, plan performance, completeness of data, and areas for improvement;
- Analysis of data and validation of procedural and diagnostic information required for risk adjustment scores and

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

plan factors;

- Development of reports and website for feedback to plans on their data submissions and plan performance; tracking of contractual obligations; internal monitoring and profiling and performance of the plans.

One PG 25 - Senior Database Analyst

For the back-end analysis of encounter data to ensure that health plans submit complete and accurate encounter data. This position will be responsible for statistical analyses of data, identifying any anomalies or gaps in health plan submitted encounter data, and developing feedback mechanisms to the health plan for reporting on and improving the data. This will also involve measuring health plan performance in various Medicaid provided services as well as geographic areas. This position will also be responsible for identifying improvements required on the state side, such as CPT or ICD-9 codes to be added to our system for capitated health plans. Will conduct on-site visits to health plans for encounter data business processes and readiness.

Two PG 25 - Senior Database Analyst

For ongoing and future encounter data operations and risk adjustment processes and requirements. One of these positions will focus on the continuous governing policies and rules for encounter data, the tracking of contractual requirements for encounter data submissions, and communication with health plans. The second position will focus more on analyzing the data coming from the health plans in terms of requirements for risk adjusting rates. This position will be required to have an in-depth knowledge of the CDPS (Chronic Illness and Disability Payment System) risk model, and the processes involved in the development of beneficiary risk scores and health plan risk factors. These two positions will work together to ensure that health plans understand all requirements for encounter data submission and the resulting use of these data to set risk adjusted rates. To ensure that health plans are submitting complete and accurate encounter data to the Agency, on-site visits to health plans must be conducted for micro-validation of encounter data. This will include an assessment of the health plan's business processes for collecting encounter data from their providers and submitting this information to the state. Sampling of submitted encounter claims and subsequent medical record review will also be required. At least two staff experienced in MEDS or RAR will be necessary to conduct these comprehensive on-site visits, and the current budget does not allow for travel to health plans to assess their encounter data readiness which will ultimately impact their risk-adjusted rates. This position will conduct on-site visits to health plans for encounter data business processes and readiness. We anticipate that the initial expansion of the Pilot to Area 11 and the Panhandle will involve as many as 15 HMO's and 9 PSN's with an aggregate eligible enrollment of 290,384. From this population we can expect approximately 725,960 encounter submissions annually. Based on our early experience and that from other states, we are likely to see a 10% error rate in the encounters that are submitted. Rejected encounter submissions must be tracked to assure timely resubmission by the MCO's. Additional data from other states indicates that the level of underreporting of encounter data may be as high as 50%. Checks for encounters without associated medical records as well as encounters with significant discrepancies from the actual medical record must be in place to assure validity of the encounter process and associated rate setting.

Bureau of Medicaid Program Analysis:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

Two Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Program Analysis
 These positions are needed to calculate and review capitation rates for managed care organizations and provider service networks in the Pilot, calculate plan reconciliations and perform research and analysis on the risk adjustment methodology and calculate risk scores/ rates for all Pilot plans.

Two PG 26 - Senior Management Analyst II
 These positions would support the data and rate needs for the bureau's responsibilities pertaining to the Pilot. Current data and rate tasks take up all available staff time. In fact, since the preparation and implementation of the Pilot, current staff duties and responsibilities have had to be modified to adapt to the new tasks and responsibilities. For example prior to implantation of the Pilot, more staff time was allocated to the review and analyzing of the data tables that are established and maintained for the base of the unit. From this, staff was able to generate monthly tracking and status reports pertaining to the status of budget initiatives passed by the Legislature. In addition, there was ample staff time to prepare and review data requests for other units and outside parties. The implementation of the Pilot has generated additional reports and data tracking tables. Also, the data tracking of Pilot specific eligibility and expenditures that is used to generate the Pilot rates, the rate setting process which requires an additional rate setting process being conducted at the same time by the same staff. To adapt to the current tasks load, the data teams are forced to compress time available to complete tasks and reviews which has increased the possibility of errors that can be very costly to the industry and or the Agency (for example such requests would include legislative bill analyses, impact conference, and LBR requests). The timeline and deadlines for tasks overlap on a regular basis cause the staff to work additional hours which at times for weeks to months require staff to work late into the evenings and weekends to complete such as rate setting and reconciliations. These both have been more than doubled since the implementation of the Pilot.

The addition of two new staff members would allow for the new data tasks that will be generated by new counties entering into Pilot operations to be assumed with the appropriate resources. If additional counties and responsibilities are added to the unit without additional staff, tasks that are currently being squeezed into the task priority list will be replaced by the new tasks. Currently, each position within the System's Support and Focus Review Sections of the bureau, the areas where these positions would be beneficial, carries multiple tasks and are required to take on additional tasks as they are presented as well as the influx of requests at multiple times of the year. During certain times of the year some positions are unable to do more than one task, for example when the behavioral health encounter data is being collected and reviewed, any variance from this task affects the target completion dates and increases the potential for error.

These new positions can and would be measured by the number of requests and error rate of the completed tasks. In addition, measures could be added to the units as a whole as they are currently not attainable due to the varying priority lists. Regular reporting requirements can be placed into operations which will allow for a proactive view of changes within the Medicaid data can be seen as they are occurring, which could allow for changes in trends to be seen prior to estimating conferences. Performance measures of the positions' knowledge of the program and eligibility could be established. The additional positions would also be able to standardize and document the process of Pilot related

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

data and rates and document the expansion into additional areas. Currently, due to workload, this documentation and tracking is not available.

Medicaid Field Offices:

Seventeen Other Personnel Service (OPS) positions for Medicaid Field Offices (including FO 1, 2, 4, 10 and 11) These positions are needed to supplement current staff in the Medicaid Field Offices in handling the anticipated increased workload associated with the further implementation of the Pilot, and to assist in handling the day to day workload in the office when other staff is reassigned to handle outreach and other Pilot-related tasks during the implementation.

Area 4 and 10 Positions

Three PG 24 - OPS Medical Health Care Program Analyst- Area Offices 4 and 10
 These OPS positions will be used to handle duties in Area 4 and 10 offices while others are training on outreach and program elements in new Pilot Areas. Area Office FTEs will work with Area Offices in the expansion areas assisting them in developing training and educational sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders, develop trainings for PSNs regarding CMS1500 claim billing, strategies for handling an initial increase in provider and beneficiary call volume related to the transition of beneficiaries into Pilot health plans. Train them for additional Area office functions of monthly network adequacy validation surveys to ensure managed care plans provider networks are accurate and certification of new call center and field choice counselors through testing and oral exams. Train area office staff on how to receive, resolve, and input Pilot plan beneficiary and provider related issues and complaints into a newly developed tracking database.

Area 11 Positions

One PG 24 - OPS Medical Health Care Program Analyst-Area 11
 Due to the size and complexity of the Medicaid population in Area 11, this position will be needed to take the lead in planning, coordinating and conducting outreach and training for the Pilot. Coordinate all Pilot activities and monitors the activities of the three senior specialists, track outcomes related to the Pilot. Keep management advised of the status on all Pilot issues. Assist the PG 22s with all of their functions as time permits

Three PG 22 - OPS Senior Human Services Program Specialist-Area 11
 Plan, develop, and coordinate public meetings for education of the general public. Plan, develop and coordinate detailed training sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders. Coordinate with Health Systems Development Contract Manager(s). Attend daily Project Management Team development meetings/conference calls. Develop, train, and certify the fiscal agent field choice counselor. Assist the field choice counselors with problematic or medically complex issues. Recruit potential MCOs and/or providers to participate in the Pilot. Act as liaison between the beneficiary and their health plan to assist with managed care navigation or any other

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

issue they may have. Provide additional training associated with PSN claims processing, reimbursement, and Medicaid services policy issues. Receive, investigate, and respond to telephone and written inquiries and complaints received from beneficiaries, providers, agency staff, community agencies, legislative staff, and the public regarding the Pilot. Maintain statistical data on the Pilot. Maintain knowledge of Pilot policy and changes. Educate other state agencies on Pilot policies. Educate AHCA staff on Pilot policies. Act as local liaison for MCOs, PSN, ASN, etc. Receive incoming calls related to the transition of beneficiaries into the Pilot health plans. Coordinate Pilot plan beneficiary and provider related issues and complaints. Assist with complex issues regarding new Enhanced Benefits Rewards (EBR) program which cannot be resolved by pharmacies or EBR call center. Conduct network adequacy validation surveys to ensure accuracy of managed care plans provider networks. Attend hearing requests due to Pilot changes. Conduct ongoing outreach regarding the Pilot. Initiate process improvement where indicated.

One PG 15 - OPS Records Analyst-Area 11

Receive incoming phone calls. Maintain training registration web site. Conduct registration and related activities. Maintain outreach materials, publications, etc. Assist with maintaining statistical data reports and preparing training and outreach material. Other duties relating to the Pilot, as assigned.

Area 1 and 2 Positions

Two PG 22 - OPS Senior Human Services Program Specialist-Area 1

Plan, develop, and coordinate public meetings for education of the general public. Plan, develop and coordinate detailed training sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders. Coordinate with Health Systems Development Contract Manager(s). Attend daily Project Management Team development meetings/conference calls. Develop, train, and certify the fiscal agent field choice counselor. Assist the field choice counselors with problematic or medically complex issues. Recruit potential MCOs and/or providers to participate in the Pilot. Act as liaison between the beneficiary and their health plan to assist with managed care navigation or any other issue they may have. Provide additional training associated with PSN claims processing, reimbursement, and Medicaid services policy issues. Receive, investigate, and respond to telephone and written inquiries and complaints received from beneficiaries, providers, agency staff, community agencies, legislative staff, and the public regarding the Pilot. Maintain statistical data on the Pilot. Maintain knowledge of Pilot policy and changes. Educate other state agencies on Pilot policies. Educate non-Pilot AHCA staff on Pilot policies. Act as local liaison for MCOs, PSN, ASN, etc. Receive incoming calls related to the transition of beneficiaries into Pilot health plans. Coordinate Pilot plan beneficiary and provider related issues and complaints. Assist with complex issues regarding the new Enhanced Benefits (EB) program which cannot be resolved by pharmacies or EB call center. Conduct network adequacy validation surveys to ensure accuracy of managed care plans provider networks. Attend hearing requests due to Medicaid Pilot changes. Conduct ongoing outreach regarding Medicaid Pilot. Initiate process improvement where indicated.

Four PG 22 - OPS Senior Human Services Program Specialist-Area 2

Plan, develop, and coordinate public meetings for education of the general public. Plan, develop and coordinate detailed training sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

Coordinate with Health Systems Development Contract Manager(s). Attend daily Project Management Team development meetings/conference calls. Develop, train, and certify the fiscal agent field choice counselor. Assist the field choice counselors with problematic or medically complex issues. Recruit potential MCOs and/or providers to participate in the Pilot. Act as liaison between the beneficiary and their health plan to assist with managed care navigation or any other issue they may have. Provide additional training associated with PSN claims processing, reimbursement, and Medicaid services policy issues. Receive, investigate, and respond to telephone and written inquiries and complaints received from beneficiaries, providers, agency staff, community agencies, legislative staff, and the public regarding the Pilot. Maintain statistical data on the Pilot. Maintain knowledge of Pilot policy and changes. Educate other state agencies on the Pilot policies. Educate non-Pilot AHCA staff on the Pilot policies. Act as local liaison for MCOs, PSN, ASN, etc. Receive incoming calls related to the transition of beneficiaries into Pilot health plans. Coordinate Pilot plan beneficiary and provider related issues and complaints. Assist with complex issues regarding new Enhanced Benefits Rewards (EBR) program which cannot be resolved by pharmacies or EBR call center. Conduct network adequacy validation surveys to ensure accuracy of managed care plans provider networks. Attend hearing requests due to Pilot changes. Conduct ongoing outreach regarding the Pilot. Initiate process improvement where indicated.

One PG 15 - OPS Records Analyst-Area 1

This position is needed to support Pilot implementation in Area 1. The position will receive incoming phone calls, maintain the Pilot training registration web site, conduct training registration and related activities, maintain Pilot outreach materials, publications, assist with maintaining statistical data reports, and be responsible for preparing training and outreach material.

Two PG 15 - OPS Records Analyst-Area 2

This position is needed to support the Pilot implementation in Area 2. The position will receive incoming phone calls, maintain Pilot training registration web site, conduct training registration and related activities, maintain Pilot outreach materials, publications, assist with maintaining statistical data reports, and be responsible for preparing training and outreach material.

Contracted Services:

Choice Counseling:

\$3,793,606 in additional contract funds are requested to fund the Pilot's Choice Counseling contract, to cover the costs of serving an additional 290,000 beneficiaries as Medicaid Managed Care Pilot expands into Area 11 and the Panhandle, as well as costs of enhancement to the current contract.

\$236,365 in additional expense funds are requested for additional necessary equipment, printing, outreach, meeting costs, monitoring and readiness site visits and travel.

Current staffing cannot be reassigned to handle workload created by the shift to managed care for the following reasons:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

- Until such time that the entire Medicaid population is moved into managed care, staff currently assigned to maintain the fee-for-service program must be retained.
- Even in areas where the Pilot currently exists, there are populations that are excluded and continue to be fee-for-service. Area Office Staff must maintain knowledge and skills necessary to serve these populations.
- Medicaid Services' main responsibility is setting Medicaid coverage and limitations policy. This function would continue even if all Medicaid beneficiaries were in managed care plans, because the plans are held to the coverage standards in the 42 policy handbooks.
- Many Medicaid Services staff work on home and community based services waiver programs or selective contracting waivers (e.g., Statewide Inpatient Psychiatric Program), which are currently excluded from managed care.
- Many Medicaid Services staff oversee utilization management contracts or are themselves engaged in prior authorization (e.g., inpatient hospital, home health, and DME prior authorization). These functions are not eliminated until most services and beneficiaries have converted to managed care. (e.g., We previously had two positions and two contracts devoted to mental health utilization management, but now that the vast majority of mental health is under a prepaid arrangement, we have one contract under one FTE that also has other duties. We converted the FTE that had been freed up to become a Prepaid Mental Health Plan contract manager.)
- There are some new responsibilities that come with managed care: Plan application review/plan procurement and contract monitoring (e.g., we have added about ten positions over the years to manage the Prepaid Mental Health Plans and Florida Senior Care)
- External Quality Review Organization (we converted one FTE from other duties and added one OPS position to staff this contract)
- Even as some duties diminish because of managed care, new programs are added, which take staff resources (e.g., External Quality Review Organization, substance abuse local match program, Child Welfare Prepaid Mental Health plan, incontinence supply changes to waivers, Balanced Budget Act claims review, PACE expansion, hospitalist).

BUDGET SUMMARY:

CLASS TITLE	CC	PG	FTE	ANNUAL		ANNUAL		HR	CONT	SVCS	FY 09-10
				RATE	SALARIES	EXPENSES	OCO				
Med Health Care Prog Anal	5875	24	9	\$369,954	\$510,912	\$128,880	\$0	\$3,582	\$0	\$643,374	
Operations Man Con II	2236	23	3	\$116,427	\$162,192	\$42,960	\$0	\$1,194	\$0	\$206,346	
Senior Data Base Analyst	2122	25	5	\$218,375	\$298,961	\$71,600	\$0	\$1,990	\$0	\$372,551	
Admin Secretary	0108	12	1	\$22,541	\$34,913	\$14,320	\$0	\$39	\$0	\$49,272	
Systems Project Anal	2107	24	2	\$82,212	\$113,536	\$28,640	\$0	\$796	\$0	\$142,942	

	COL A03			COL A04			COL A05			CODES	
	AGY REQUEST FY 2009-10	POS	AMOUNT	AGY REQ N/R FY 2009-10	POS	AMOUNT	AG REQ ANZ FY 2009-10	POS	AMOUNT		
AGENCY/HEALTH CARE ADMIN										68000000	
PGM: HEALTH CARE SERVICES										68500000	
<u>EXECUTIVE DIR/SUPPORT SVCS</u>										68500200	
<u>GOV OPERATIONS/SUPPORT</u>										16	
<u>EXEC LEADERSHIP/SUPPRT SVC</u>										<u>1602.00.00.00</u>	
WORKLOAD										3000000	
EXPANSION OF MEDICAID MANAGED											
CARE PILOT PROGRAM										3003A10	
Government Analyst II	2225	26	2	\$93,120		\$126,376	\$28,640	\$0	\$796	\$0	\$155,812
Operational Review Spec	2239	24	1	\$41,106		\$56,768	\$14,320	\$0	\$398	\$0	\$71,486
SMA II	2225	26	2	\$93,120		\$126,376	\$28,640	\$0	\$796	\$0	\$155,813
TOTAL		25		\$1,036,855		\$1,430,034	\$358,000	\$0	\$9,950	\$0	\$1,797,984

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$658,249	\$0	\$658,249
Medical Care Trust Fund 2474 (FSI 3)	\$658,249	\$0	\$658,249
Total	\$1,316,498	\$0	\$1,316,498
OPS (030000)			
General Revenue 1000 (FSI 2)	\$352,353	\$0	\$352,353
Medical Care Trust Fund 2474 (FSI 3)	\$352,354	\$0	\$352,354
Total	\$704,707	\$0	\$704,707
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$359,683	\$60,876	\$420,559
Medical Care Trust Fund 2474 (FSI 3)	\$359,683	\$60,876	\$420,559
Total	\$719,366	\$121,752	\$841,118
OCO (060000)			
General Revenue 1000 (FSI 2)	\$0	\$19,543	\$19,543
Medical Care Trust Fund 2474 (FSI 3)	\$0	\$19,544	\$19,544
Total	\$0	\$39,087	\$39,087
Transfer to DMS HR Outsourcing (107040)			
General Revenue 1000 (FSI 2)	\$5,699	\$0	\$5,699
Medical Care Trust Fund 2474 (FSI 3)	\$5,699	\$0	\$5,699
Total	\$11,398	\$0	\$11,398
Contracted Services (100777)			
General Revenue 1000 (FSI 2)	\$1,908,303	\$0	\$1,908,303

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
EXPANSION OF MEDICAID MANAGED							
CARE PILOT PROGRAM							3003A10

Medical Care Trust Fund 2474 (FSI 3)	\$1,908,303	\$0	\$1,908,303
Total	\$3,816,606	\$0	\$3,816,606
Total Issue			
General Revenue 1000 (FSI 2)	\$3,284,287	\$80,419	\$3,364,706
Medical Care Trust Fund 2474 (FSI 3)	\$3,284,288	\$80,420	\$3,364,708
Issue Total	\$6,568,575	\$160,839	\$6,729,414

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

Health Care Regulation (68700700)
 Managed Care (1205020000)

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$56,768	\$0	\$56,768
Health Care Trust Fund (FSI 3)	\$56,768	\$0	\$56,768
Total	\$113,536	\$0	\$113,536
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$11,320	\$3,000	\$14,320
Health Care Trust Fund (FSI 3)	\$11,320	\$3,000	\$14,320
Total	\$22,640	\$6,000	\$28,640
Transfer to DMS HR Outsourcing (107040)			
General Revenue 1000 (FSI 2)	\$398	\$0	\$398
Health Care Trust Fund (FSI 3)	\$398	\$0	\$398
Total	\$796	\$0	\$796
Total Issue			
General Revenue 1000 (FSI 2)	\$68,486	\$3,000	\$71,486
Health Care Trust Fund (FSI 3)	\$68,486	\$3,000	\$71,486
Issue Total	\$136,972	\$6,000	\$142,972

SOURCE OF FUNDS:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

General Revenue (State 50%)
 Health Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
0108 ADMINISTRATIVE SECRETARY							
N5003 001	1.00	22,541		12,372	34,913	0.00	34,913
2107 SYSTEMS PROJECT ANALYST							
N5006 001	2.00	82,212		31,324	113,536	0.00	113,536
2122 SENIOR DATA BASE ANALYST							
N5004 001	5.00	218,375		80,586	298,961	0.00	298,961
2225 GOVERNMENT ANALYST II							
N5007 001	2.00	93,120		33,256	126,376	0.00	126,376
N5009 001	2.00	93,120		33,256	126,376	0.00	126,376
2236 GOVERNMENT OPERATIONS CONSULTANT II							
N5005 001	3.00	116,427		45,765	162,192	0.00	162,192
2239 OPERATIONS REVIEW SPECIALIST							
N5008 001	1.00	41,106		15,662	56,768	0.00	56,768
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5002 001	7.00	287,742		109,634	397,376	0.00	397,376
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							658,248
2474 MEDICAL CARE TRUST FUND							658,250
	23.00	954,643		361,855	1,316,498		1,316,498

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR CONTRACT MANAGEMENT OF PREPAID				
MENTAL HEALTH				3003A20
SALARY RATE				000000
SALARY RATE.....	135,648			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	92,409		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	92,409		2474 3
		-----	-----	
TOTAL POSITIONS.....	3.00			
TOTAL APPRO.....	184,818			
	=====	=====	=====	
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND	-MATCH	78,624-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	78,624-		2474 3
		-----	-----	
TOTAL APPRO.....	157,248-			
	=====	=====	=====	
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	21,480	4,500	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	21,480	4,500	2474 3
		-----	-----	
TOTAL APPRO.....	42,960	9,000		
	=====	=====	=====	
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND	-MATCH	597		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	597		2474 3
		-----	-----	
TOTAL APPRO.....	1,194			
	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES FOR CONTRACT MANAGEMENT OF PREPAID MENTAL HEALTH				3003A20
TOTAL: INCREASE STAFF IN MEDICAID SERVICES FOR CONTRACT MANAGEMENT OF PREPAID MENTAL HEALTH				3003A20
TOTAL POSITIONS.....	3.00			
TOTAL ISSUE.....		71,724	9,000	
TOTAL SALARY RATE.....	135,648			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff in Medicaid Services for Contract Management of Prepaid Mental Health

ISSUE SUMMARY: This issue requests three FTEs (Medical/Health Care Program Analysts - Pay Grade 24) to serve as contract managers for the Prepaid Mental Health Plans (PMHP) in the following AHCA geographic areas or groups of areas: Areas 5 and 7; Areas 3 and 4; and Area 9. These multi-million dollar contracts are currently managed by OPS staff. Increased staff will provide consistent oversight of Prepaid Mental Health Plans which ensures beneficiaries have access to quality mental health services.

The new positions will be located in the Medicaid Area Offices and supervised by the Medicaid Behavioral Health Care Unit at Headquarters. This arrangement will minimize travel expenses and permit greater on-site monitoring and oversight of the contracted programs. It is critical that the state create career service positions to serve as contract managers to ensure that qualified staff can be hired and retained. The Agency has experienced high turnover rates for the contract managers for the areas of the state listed above. The high turnover experienced with OPS staff in these positions decreases the Agency's ability to bring consistency to the monitoring and contracting process. Each of these positions has turned over twice in the last 2 years.

According to the American Management Association, the cost of hiring and training a new employee can vary from 25 percent to 200 percent of annual compensation. Costs include customer service disruption, emotional costs, loss of morale, burnout/absenteeism among remaining employees, loss of experience, continuity, and "corporate memory." In addition, a 2003 analysis by the Wyoming Department of Employment found that "firms that offer more benefits have lower turnover for all industry groups." This study found that on average, each additional benefit offered resulted in a 1% decrease in turnover. Across the range of researched benefits (e.g., paid holidays and vacation, sick leave, health insurance, life insurance, and retirement plan), predicated turnover rates decreased from about 23% with no benefits offered to 15% turnover with all benefits offered.

ISSUE DETAIL: Each FTE will conduct the following critical activities for the contract they are assigned: plan, develop, and implement policies and procedures for PMHP; conduct quarterly desk reviews and biannual on-site monitoring review of

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR CONTRACT MANAGEMENT OF PREPAID				
MENTAL HEALTH				3003A20

vendors; facilitate the Managed Care Advisory Group meetings in each assigned Area quarterly; maintain contract files in accordance with established rules; develop a working knowledge of state and federal laws related to behavioral health and managed care; revise contracts as necessary to comply with state and federal regulations; receive, research, analyze, and submit PMHP recipient re-enrollment and disenrollment requests; submit and void capitation payment requests when applicable; review and approve or deny requests for force-pay claims; provide PMHP policy clarification to vendors, consumers, and other outside entities/individuals; monitor capitation payments to vendors monthly; monitor vendor's quality improvement activities; enforce sanctions and performance improvement activities; and perform other duties as necessary to ensure that Florida's most vulnerable citizens receive appropriate behavioral health care through the PMHP.

BUDGET SUMMARY: This issue proposes a salary that is 10% over the base of \$41,106 per position (or \$45,216) because a master's degree level behavioral health practitioner should fill these positions. Clinical knowledge of appropriate behavioral health treatment is necessary to ensure adequate monitoring and oversight of the program. Concerns expressed by the Florida Substance Abuse and Mental Health Corporation and other advocacy groups regarding the need for aggressive oversight of this program necessitate qualified contract managers. The Agency is currently paying \$25.20 per hour or \$54,256 annually including FICA for each of these OPS positions.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Med/Health Care Prog Anal	5875	24	3	\$135,648	\$184,818	\$42,960	\$0	\$1,194	\$0	\$228,972

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$92,409	\$0	\$92,409
Medical Care Trust Fund 2474 (FSI 3)	\$92,409	\$0	\$92,409
Total	\$184,818	\$0	\$184,818

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
OPS (030000)			
General Revenue 1000 (FSI 2)	(\$78,624)	\$0	(\$78,624)
Medical Care Trust Fund 2474 (FSI 3)	(\$78,624)	\$0	(\$78,624)
Total	(\$157,248)	\$0	(\$157,248)

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$16,980	\$4,500	\$21,480

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR CONTRACT MANAGEMENT OF PREPAID				
MENTAL HEALTH				3003A20
Medical Care Trust Fund 2474 (FSI 3)		\$16,980	\$4,500	\$21,480
Total		\$33,960	\$9,000	\$42,960
Transfer to DMS HR Outsourcing (107040)				
General Revenue 1000 (FSI 2)		\$597	\$0	\$597
Medical Care Trust Fund 2474 (FSI 3)		\$597	\$0	\$597
Total		\$1,194	\$0	\$1,194
Total Issue				
General Revenue 1000 (FSI 2)		\$31,362	\$4,500	\$35,862
Medical Care Trust Fund 2474 (FSI 3)		\$31,362	\$4,500	\$35,862
Issue Total		\$62,724	\$9,000	\$71,724

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5010 001	3.00	135,648		49,170	184,818	0.00	184,818
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							92,409
2474 MEDICAL CARE TRUST FUND							92,409
	3.00	135,648		49,170	184,818		184,818

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID SVCS				
FOR ADULT DAY HEALTH CARE WAIVER				
AND PACE				3003A30
SALARY RATE				000000
SALARY RATE.....	45,216			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -MATCH	30,803			1000 2
MEDICAL CARE TRUST FUND -FEDERL	30,803			2474 3
TOTAL POSITIONS.....	1.00			
TOTAL APPRO.....	61,606			
=====				
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND -MATCH	25,836-			1000 2
MEDICAL CARE TRUST FUND -FEDERL	25,836-			2474 3
TOTAL APPRO.....	51,672-			
=====				
EXPENSES				040000
GENERAL REVENUE FUND -MATCH	7,160	1,500		1000 2
MEDICAL CARE TRUST FUND -FEDERL	7,160	1,500		2474 3
TOTAL APPRO.....	14,320	3,000		
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	199			1000 2
MEDICAL CARE TRUST FUND -FEDERL	199			2474 3
TOTAL APPRO.....	398			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID SVCS				
FOR ADULT DAY HEALTH CARE WAIVER				
AND PACE				3003A30
TOTAL: STAFF INCREASE FOR MEDICAID SVCS				3003A30
FOR ADULT DAY HEALTH CARE WAIVER				
AND PACE				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....		24,652	3,000	
TOTAL SALARY RATE.....	45,216			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff in Medicaid Services for Adult Day Health Care Waiver and PACE

ISSUE SUMMARY: This issue requests one Full-Time Equivalent (FTE) position, a Medical Health Care Program Analyst. This position will manage the Program of All-Inclusive Care for the Elderly (PACE) and the Adult Day Health Care waiver program. These programs and provider contracts are currently being managed by an Other Personnel Services (OPS) position.

The PACE program currently has one provider in Miami-Dade County and one provider in Lee County. The 2006 legislature authorized the provider in Miami-Dade County to expand its PACE operation to an additional site. The 2008 Legislature approved additional funding to expand the existing Miami-Dade County and Lee County PACE programs by 50 slots each and additionally approved 50 new slots for Pinellas County. Once a potential provider in Pinellas County is selected, and the current providers in Miami-Dade County and Lee County submit expansion applications, the Agency will work with the Centers for Medicare and Medicaid Services and the Department of Elder Affairs to review and process the provider applications and complete on-site readiness reviews.

The Adult Day Health Care waiver program operates in Lee and Palm Beach Counties. The Agency for Health Care Administration manages a 1915(b) selective contracting waiver, a 1915(c) home and community-based waiver, and the provider contract for this program.

This issue will result in a decrease in staff turn-over and will improve Agency expertise as evidenced by improved oversight of provider contracts, increased technical assistance and training to providers, improved timeliness of reports, waiver and contract renewals, and increased beneficiary satisfaction due to improved staff responsiveness.

ISSUE DETAIL: These programs and provider contracts are currently being managed by an Other Personnel Services (OPS) position. Due to the higher staff turn-over associated with OPS staff, these programs have been negatively impacted by less than optimal continuity and efficiency in the management and oversight of the contracts and waiver. During the past three years, three different program analysts have worked in this position, due to staff turn-over.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID SVCS				
FOR ADULT DAY HEALTH CARE WAIVER				
AND PACE				3003A30

According to the American Management Association, the cost of hiring and training a new employee can vary from 25 percent to 200 percent of annual compensation. Costs include customer service disruption, emotional costs, loss of morale, burnout/absenteeism among remaining employees, loss of experience, continuity, and "corporate memory." In addition, a 2003 analysis by the Wyoming Department of Employment found that "firms that offer more benefits have lower turnover for all industry groups." This study found that on average, each additional benefit offered resulted in a 1% decrease in turnover. Across the range of researched benefits (e.g., paid holidays and vacation, sick leave, health insurance, life insurance, and retirement plan), predicated turnover rates decreased from about 23% with no benefits offered to 15% turnover with all benefits offered.

BUDGET SUMMARY: Ten percent above minimum of the base salary for a pay grade 24 (\$45,216) is being requested because this is a highly responsible position that requires an individual with knowledge of 1915(b) and 1915(c) waivers, contract management, managed care, and programs for elder and disabled individuals. The Agency is currently budgeted for \$24.00 per hour or \$51,672 annually including FICA for this OPS position.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Med/Health Care Prog Anal	5875	24	1	\$45,216	\$61,606	\$14,320	\$0	\$398	\$0	\$76,324

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

RECURRING	NON-RECURRING	TOTAL	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)					
General Revenue 1000 (FSI 2)			\$30,803	\$0	\$30,803
Medical Care Trust Fund 2474 (FSI 3)			\$30,803	\$0	\$30,803
Total			\$61,606	\$0	\$61,606
OPS (030000)					
General Revenue 1000 (FSI 2)			(\$25,836)	\$0	(\$25,836)
Medical Care Trust Fund 2474 (FSI 3)			(\$25,836)	\$0	(\$25,836)
Total			(\$51,672)	\$0	(\$51,672)
Expenses (040000)					
General Revenue 1000 (FSI 2)			\$5,660	\$1,500	\$7,160
Medical Care Trust Fund 2474 (FSI 3)			\$5,660	\$1,500	\$7,160

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID SVCS				
FOR ADULT DAY HEALTH CARE WAIVER				
AND PACE				3003A30
Total		\$11,320	\$3,000	\$14,320
Transfer to DMS HR Outsourcing (107040)				
General Revenue 1000 (FSI 2)		\$199	\$0	\$199
Medical Care Trust Fund 2474 (FSI 3)		\$199	\$0	\$199
Total		\$398	\$0	\$398
Total Issue				
General Revenue 1000 (FSI 2)		\$10,826	\$1,500	\$12,326
Medical Care Trust Fund 2474 (FSI 3)		\$10,826	\$1,500	\$12,326
Issue Total		\$21,652	\$3,000	\$24,652

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5011 001	1.00	45,216		16,390	61,606	0.00	61,606

TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							30,803
2474 MEDICAL CARE TRUST FUND							30,803

	1.00	45,216		16,390	61,606		61,606
=====							

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID FOR				
ALZHEIMER'S DISEASE WAIVER,				
CHANNELING WAIVER, AND STATE MENTAL				
HEALTH HOSPITAL POLICY				3003A40
SALARY RATE				000000
SALARY RATE.....	45,216			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -MATCH	30,803			1000 2
MEDICAL CARE TRUST FUND -FEDERL	30,803			2474 3
TOTAL POSITIONS.....	1.00			
TOTAL APPRO.....	61,606			
=====				
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND -MATCH	25,836-			1000 2
MEDICAL CARE TRUST FUND -FEDERL	25,836-			2474 3
TOTAL APPRO.....	51,672-			
=====				
EXPENSES				040000
GENERAL REVENUE FUND -MATCH	7,160	1,500		1000 2
MEDICAL CARE TRUST FUND -FEDERL	7,160	1,500		2474 3
TOTAL APPRO.....	14,320	3,000		
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	199			1000 2
MEDICAL CARE TRUST FUND -FEDERL	199			2474 3
TOTAL APPRO.....	398			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID FOR				
ALZHEIMER'S DISEASE WAIVER,				
CHANNELING WAIVER, AND STATE MENTAL				
HEALTH HOSPITAL POLICY				3003A40
TOTAL: INCREASE STAFF IN MEDICAID FOR				3003A40
ALZHEIMER'S DISEASE WAIVER,				
CHANNELING WAIVER, AND STATE MENTAL				
HEALTH HOSPITAL POLICY				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....		24,652	3,000	
TOTAL SALARY RATE.....	45,216			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff in Medicaid Services for the Alzheimer's Disease Waiver, Channeling Waiver, and State Mental Health Hospital Policy

ISSUE SUMMARY: This issue requests one Full-Time Equivalent (FTE) position, a Medical Health Care Program Analyst. This position will manage the Alzheimer's Disease waiver program, the Channeling waiver program and State Mental Health Hospital provider reimbursement policy for individuals age 65 and older. These programs and provider contracts are currently being managed by an Other Personnel Services (OPS) position.

The Alzheimer's Disease waiver program is currently authorized to operate in four counties. The Agency for Health Care Administration has selectively contracted with three providers to operate this program in Broward, Miami-Dade, Palm Beach, and Pinellas Counties. The Agency not only manages the 1915(b) and 1915(c) waivers, but additionally manages and monitors the three contracts for this home and community-based waiver program.

The Channeling waiver program is authorized to operate in Miami-Dade and Broward Counties. The Agency for Health Care Administration manages and monitors the 1915(c) waiver and the provider contract for this home and community-based waiver program.

This issue will result in a decrease in staff turn-over and will improve Agency expertise as evidenced by improved oversight of provider contracts, increased technical assistance and training to providers, improved timeliness of reports, waiver and contract renewals, and increased beneficiary satisfaction due to improved staff responsiveness.

ISSUE DETAIL: This position is responsible for provider reimbursement policy and technical assistance for State Mental Health Hospital Services for individuals age 65 and older. In addition, the 2008 Florida Legislature and the Centers for Medicare and Medicaid Services have mandated that the State of Florida expand its Institution for Mental Disease (IMD) Medicare cross-over benefit for Medicaid beneficiaries in specialty psychiatric hospitals. This position is responsible

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	AMOUNT	
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>
WORKLOAD							3000000
INCREASE STAFF IN MEDICAID FOR ALZHEIMER'S DISEASE WAIVER, CHANNELING WAIVER, AND STATE MENTAL HEALTH HOSPITAL POLICY							3003A40

for revising the Medicaid State Plan to expand this payment option, ensuring that system changes occur to allow cross-over payments in specialty psychiatric hospitals, and notifying all qualified providers of the change.

These programs and provider contracts are currently being managed by an Other Personnel Services (OPS) position. Due to the higher staff turn-over associated with OPS staff, these programs have been negatively impacted by less than optimal continuity and efficiency in the management and oversight of the waiver, contracts, and program policy. During the past three years, four different program analysts have worked in this position, due to staff turn-over.

According to the American Management Association, the cost of hiring and training a new employee can vary from 25 percent to 200 percent of annual compensation. Costs include customer service disruption, emotional costs, loss of morale, burnout/absenteeism among remaining employees, loss of experience, continuity, and "corporate memory." In addition, a 2003 analysis by the Wyoming Department of Employment found that "firms that offer more benefits have lower turnover for all industry groups." This study found that on average, each additional benefit offered resulted in a 1% decrease in turnover. Across the range of researched benefits (e.g., paid holidays and vacation, sick leave, health insurance, life insurance, and retirement plan), predicated turnover rates decreased from about 23% with no benefits offered to 15% turnover with all benefits offered.

BUDGET SUMMARY: Ten percent above minimum of the base salary for a pay grade 24 (\$45,216) is being requested, because this is a highly responsible position that requires an individual with knowledge of 1915(b) and 1915(c) waivers, contract management, and health and mental health care programs for elder individuals. The Agency is currently budgeted for \$24.00 per hour or \$51,672 annually including FICA for this OPS position.

CLASS TITLE	CC	PG	FTE	ANNUAL		ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
				RATE	SALARIES					
Med/Health Care Prog Anal	5875	24	1	\$45,216	\$61,606	\$14,320	\$0	\$398	\$0	\$76,324

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$30,803	\$0	\$30,803
Medical Care Trust Fund 2474 (FSI 3)	\$30,803	\$0	\$30,803
Total	\$61,606	\$0	\$61,606

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID FOR				
ALZHEIMER'S DISEASE WAIVER,				
CHANNELING WAIVER, AND STATE MENTAL				
HEALTH HOSPITAL POLICY				3003A40
OPS (030000)				
General Revenue 1000 (FSI 2)		(\$25,836)	\$0	(\$25,836)
Medical Care Trust Fund 2474 (FSI 3)		(\$25,836)	\$0	(\$25,836)
Total		(\$51,672)	\$0	(\$51,672)
Expenses (040000)				
General Revenue 1000 (FSI 2)		\$5,660	\$1,500	\$7,160
Medical Care Trust Fund 2474 (FSI 3)		\$5,660	\$1,500	\$7,160
Total		\$11,320	\$3,000	\$14,320
Transfer to DMS HR Outsourcing (107040)				
General Revenue 1000 (FSI 2)		\$199	\$0	\$199
Medical Care Trust Fund 2474 (FSI 3)		\$199	\$0	\$199
Total		\$398	\$0	\$398
Total Issue				
General Revenue 1000 (FSI 2)		\$10,826	\$1,500	\$12,326
Medical Care Trust Fund 2474 (FSI 3)		\$10,826	\$1,500	\$12,326
Issue Total		\$21,652	\$3,000	\$24,652
SOURCE OF FUNDS:				
General Revenue (State 50%)				
Medical Care Trust Fund (Federal 50%)				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID FOR				
ALZHEIMER'S DISEASE WAIVER,				
CHANNELING WAIVER, AND STATE MENTAL				
HEALTH HOSPITAL POLICY				3003A40

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5012 001	1.00	45,216		16,390	61,606	0.00	61,606
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							30,803
2474 MEDICAL CARE TRUST FUND							30,803
	1.00	45,216		16,390	61,606		61,606

STAFF INCREASE FOR MEDICAID							
HOSPITAL PROGRAM CONTRACT MANAGER							3003A50
SALARY RATE							000000
SALARY RATE.....	45,216						
SALARIES AND BENEFITS							010000
GENERAL REVENUE FUND -MATCH		30,803					1000 2
MEDICAL CARE TRUST FUND -FEDERL		30,803					2474 3
TOTAL POSITIONS.....	1.00						
TOTAL APPRO.....		61,606					

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID				
HOSPITAL PROGRAM CONTRACT MANAGER				3003A50
EXPENSES				040000
GENERAL REVENUE FUND -MATCH	7,160	1,500		1000 2
MEDICAL CARE TRUST FUND -FEDERL	7,160	1,500		2474 3
TOTAL APPRO.....	14,320	3,000		
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	199			1000 2
MEDICAL CARE TRUST FUND -FEDERL	199			2474 3
TOTAL APPRO.....	398			
=====				
TOTAL: STAFF INCREASE FOR MEDICAID				3003A50
HOSPITAL PROGRAM CONTRACT MANAGER				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....	76,324	3,000		
TOTAL SALARY RATE.....	45,216			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Increase Staff for Hospitalist Program Contract Manager

ISSUE SUMMARY: This issue requests one Full-Time Equivalent (FTE) Medical Health Care Program Analyst position. This position will manage the Hospitalist Program. The 2004 Legislature authorized the Agency to implement a hospitalist program in non-teaching hospitals in certain high-volume participating hospitals, select counties, or statewide. The program requires hospitalists to manage Medicaid fee-for-service and Medipass beneficiaries' hospital admissions and lengths of stay. The Agency initiated a 1915(b) waiver application to the Centers for Medicare and Medicaid Services in order to gain the authority to implement this program. The program became operational in May 2007 and is currently operational in Palm Beach and Miami-Dade Counties in 15 participating hospitals. The Agency contracted with 3 different vendors to develop and implement the program. The requested position will be responsible for managing all 3 contracts worth more than 24 million dollars over the 3 year contract term.

ISSUE DETAIL: Since this is a new program and Florida is the first in the nation to implement a hospitalist program with its fee-for-service Medicaid population, a full time dedicated staff person would be beneficial to the success of the

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>				68500200
<u>GOV OPERATIONS/SUPPORT</u>				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID				
HOSPITAL PROGRAM CONTRACT MANAGER				3003A50

program. These duties are currently handled by a staff person who is also responsible for the large inpatient hospital prior authorization contract.

BUDGET SUMMARY: Ten percent above minimum of the base salary for a pay grade 24 (\$45,216) is being requested, due to the high responsibility of this position which requires an individual with contract management experience, inpatient or managed care experience, and knowledge of 1915(b) waivers. This increase will also decrease the frequency of turnover and improve the opportunity to recruit a highly qualified contract manager.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Med/Health Care Prog Anal	5875	24	1	\$45,216	\$61,606	\$14,320	\$0	\$398	\$0	\$76,324

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$30,803	\$0	\$30,803
Medical Care Trust Fund 2474 (FSI 3)	\$30,803	\$0	\$30,803
Total	\$61,606	\$0	\$61,606
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$5,660	\$1,500	\$7,160
Medical Care Trust Fund 2474 (FSI 3)	\$5,660	\$1,500	\$7,160
Total	\$11,320	\$3,000	\$14,320
Transfer to DMS HR Outsourcing (107040)			
General Revenue 1000 (FSI 2)	\$199	\$0	\$199
Medical Care Trust Fund 2474 (FSI 3)	\$199	\$0	\$199
Total	\$398	\$0	\$398
Total Issue			
General Revenue 1000 (FSI 2)	\$36,662	\$1,500	\$38,162
Medical Care Trust Fund 2474 (FSI 3)	\$36,662	\$1,500	\$38,162
Issue Total	\$73,324	\$3,000	\$76,324

SOURCE OF FUNDS:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
STAFF INCREASE FOR MEDICAID				
HOSPITAL PROGRAM CONTRACT MANAGER				3003A50

General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5013 001	1.00	45,216		16,390	61,606	0.00	61,606
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							30,803
2474 MEDICAL CARE TRUST FUND							30,803
	1.00	45,216		16,390	61,606		61,606

INCREASE STAFF IN MEDICAID SERVICES
 FOR BEHAVIORAL HEALTH UTILIZATION
 MANANGEMENT AND OVERSIGHT
 SALARY RATE

3003A60
 000000

SALARY RATE..... 525,336
 =====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES FOR BEHAVIORAL HEALTH UTILIZATION MANANGEMENT AND OVERSIGHT				3003A60
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND -MATCH		359,480		1000 2
MEDICAL CARE TRUST FUND -FEDERL		359,480		2474 3
TOTAL POSITIONS.....	12.00			
TOTAL APPRO.....		718,960		
=====		=====		=====
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND -MATCH		324,244-		1000 2
MEDICAL CARE TRUST FUND -FEDERL		324,244-		2474 3
TOTAL APPRO.....		648,488-		
=====		=====		=====
EXPENSES				040000
GENERAL REVENUE FUND -MATCH		85,920	18,000	1000 2
MEDICAL CARE TRUST FUND -FEDERL		85,920	18,000	2474 3
TOTAL APPRO.....		171,840	36,000	
=====		=====	=====	=====
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH		2,388		1000 2
MEDICAL CARE TRUST FUND -FEDERL		2,388		2474 3
TOTAL APPRO.....		4,776		
=====		=====		=====
TOTAL: INCREASE STAFF IN MEDICAID SERVICES FOR BEHAVIORAL HEALTH UTILIZATION MANANGEMENT AND OVERSIGHT				3003A60
TOTAL POSITIONS.....	12.00			
TOTAL ISSUE.....		247,088	36,000	
TOTAL SALARY RATE.....	525,336			
=====		=====	=====	=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES FOR BEHAVIORAL HEALTH UTILIZATION MANANGEMENT AND OVERSIGHT				3003A60

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff in Medicaid Services for Behavioral Health Utilization Management and Oversight

ISSUE SUMMARY: This issue requests additional funding and budget authority to convert funding for 12 Other Personal Services (OPS) FTEs to Career Service. These are professional staff positions located in Medicaid Area Offices that provide local oversight and monitoring of mental health and substance abuse services that are exempt from coverage under Medicaid managed care. These positions oversee and monitor several high cost Medicaid services that are statutorily exempt from managed care, such as psychiatric mental health residential treatment programs and behavioral health overlay services for children in residential juvenile justice and child welfare settings. Medicaid funded substance abuse services are also not included under managed care. Additionally, up to 30 percent of Medicaid beneficiaries are exempt from enrollment in Medicaid managed care organizations, including disabled persons who are dually eligible for Medicaid and Medicare, pregnant women, and persons who are eligible through the Medically Needy program. These positions are critical for providing oversight and quality assurance monitoring of services reimbursed for these beneficiaries on a fee-for-service basis. This position has the ability to provide consistent oversight and monitoring of mental health and substance abuse services that are exempt from coverage under Medicaid managed care.

ISSUE DETAIL: The use of OPS to staff these professional positions has resulted in staff turnover in every AHCA area of the state since these positions were created 2 years ago. In some AHCA areas, staff has turned over as many as three times. Well-qualified OPS staff seeks other positions to access essential health insurance and leave benefits. This staff turnover has created the expense of recruitment and re-training and gaps in monitoring processes.

According to the American Management Association, the cost of hiring and training a new employee can vary from 25 percent to 200 percent of annual compensation. Costs include customer service disruption, emotional costs, loss of morale, burnout/absenteeism among remaining employees, loss of experience, continuity, and "corporate memory." In addition, a 2003 analysis by the Wyoming Department of Employment found that "firms that offer more benefits have lower turnover for all industry groups." This study found that on average, each additional benefit offered resulted in a 1% decrease in turnover. Across the range of researched benefits (e.g., paid holidays and vacation, sick leave, health insurance, life insurance, and retirement plan), predicated turnover rates decreased from about 23% with no benefits offered to 15% turnover with all benefits offered.

The responsibilities of these critical positions include:

- Performing on-site certification reviews, including follow up with Performance Improvement Plans (PIPs) of new community behavioral health providers to assure that applicants are capable of providing quality services to Medicaid beneficiaries. Community Mental Health Programs are not licensed in Florida, so this review is critical to ensure the provider is qualified.

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
INCREASE STAFF IN MEDICAID SERVICES FOR BEHAVIORAL HEALTH UTILIZATION MANANGEMENT AND OVERSIGHT							3003A60

- Performing on-site annual compliance monitoring, follow up on PIPs, preparing reports on these reviews and follow up monitoring for: behavioral health child welfare and juvenile justice providers, Behavioral Health Overlay Services Child Welfare (CW) facilities, and Statewide Inpatient Psychiatric Program (SIPP) facilities.
- Participating in retrospective reviews of Community Behavioral Health Services providers with our professional peer organization that result in recoupment of payments for services that are not in compliance with Medicaid standards and quality.
- Performing special clinical on-site reviews and assisting in the clinical monitoring of Prepaid Mental Health Program (PMHP) network and child welfare managed care providers and prepare reports from these reviews.
- Providing technical assistance to local providers related to coordinating behavioral health services for high risk beneficiaries and beneficiaries that transition from one managed behavioral health plan to another.

BUDGET SUMMARY: The Agency is seeking professionally licensed and experienced staff for these positions. The Agency is currently paying \$25.20 per hour or \$54,256 annually including FICA for 11 of these OPS positions and \$24.00 per hour or \$51,672 annually including FICA for one of these OPS positions for a total amount of \$648,488. This issue proposes a salary that is 6.5% over the base of \$41,106 per position (or \$43,778) because a Masters level behavioral health practitioner should fill these positions.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Med/Health Care Prog Anal	5875	24	12	\$525,336	\$718,960	\$171,840	\$0	\$4,776	\$0	\$895,576

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$359,480	\$0	\$359,480
Medical Care Trust Fund 2474 (FSI 3)	\$359,480	\$0	\$359,480
Total	\$718,960	\$0	\$718,960
OPS (030000)			
General Revenue 1000 (FSI 2)	(\$324,244)	\$0	(\$324,244)
Medical Care Trust Fund 2474 (FSI 3)	(\$324,244)	\$0	(\$324,244)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR BEHAVIORAL HEALTH UTILIZATION				
MANANGEMENT AND OVERSIGHT				3003A60

Total (\$648,488) \$0 (\$648,488)

Expenses (040000)
 General Revenue 1000 (FSI 2) \$67,920 \$18,000 \$85,920
 Medical Care Trust Fund 2474 (FSI 3) \$67,920 \$18,000 \$85,920
 Total \$135,840 \$36,000 \$171,840

Transfer to DMS HR Outsourcing (107040)
 General Revenue 1000 (FSI 2) \$2,388 \$0 \$2,388
 Medical Care Trust Fund 2474 (FSI 3) \$2,388 \$0 \$2,388
 Total \$4,776 \$0 \$4,776

Total Issue
 General Revenue 1000 (FSI 2) \$105,544 \$18,000 \$123,544
 Medical Care Trust Fund 2474 (FSI 3) \$105,544 \$18,000 \$123,544
 Issue Total \$211,088 \$36,000 \$247,088

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5014 001	12.00	525,336		193,624	718,960	0.00	718,960

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES FOR BEHAVIORAL HEALTH UTILIZATION MANANGEMENT AND OVERSIGHT				3003A60

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							359,480
2474 MEDICAL CARE TRUST FUND							359,480
	12.00	525,336		193,624	718,960		718,960

INCREASE STAFF IN MEDICAID SERVICES FOR THE BEHAVIORAL HEALTH UNIT							3003A70
SALARY RATE							000000
SALARY RATE.....	29,457						
SALARIES AND BENEFITS							010000
GENERAL REVENUE FUND -MATCH		21,527					1000 2
MEDICAL CARE TRUST FUND -FEDERL		21,528					2474 3
TOTAL POSITIONS.....	1.00						
TOTAL APPRO.....		43,055					

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR THE BEHAVIORAL HEALTH UNIT				3003A70
OTHER PERSONAL SERVICES				030000
GENERAL REVENUE FUND -MATCH	12,918-			1000 2
MEDICAL CARE TRUST FUND -FEDERL	12,918-			2474 3
TOTAL APPRO.....	25,836-			
=====				
EXPENSES				040000
GENERAL REVENUE FUND -MATCH	7,160	1,500		1000 2
MEDICAL CARE TRUST FUND -FEDERL	7,160	1,500		2474 3
TOTAL APPRO.....	14,320	3,000		
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	199			1000 2
MEDICAL CARE TRUST FUND -FEDERL	199			2474 3
TOTAL APPRO.....	398			
=====				
TOTAL: INCREASE STAFF IN MEDICAID SERVICES				3003A70
FOR THE BEHAVIORAL HEALTH UNIT				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....	31,937	3,000		
TOTAL SALARY RATE.....	29,457			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff in Medicaid Services for an Administrative Assistant II-SES

ISSUE SUMMARY: This issue requests one Full-Time Equivalent (FTE) Administrative Assistant II - SES position. This position will provide administrative support for the Behavioral Health Unit and the Quality Assurance and Long-Term Care Unit in the Bureau of Medicaid Services. This position will decrease the frequency of turnover and improve the opportunity to recruit a highly qualified administrative assistant.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR THE BEHAVIORAL HEALTH UNIT				3003A70

ISSUE DETAIL: This position currently provides support to 18 Program Analysts and 2 Program Administrators and performs the following duties: data entry, filing, purchasing, copying, phone duties, and processing travel. In many instances, this position is responsible for more than three times the number of professional staff than other support staff positions. Currently, Other Personnel Services (OPS) staff performs the duties of this position. However, it has been difficult to recruit and retain highly trained staff in this position because of the OPS classification and the increasing workload demands.

According to the American Management Association, the cost of hiring and training a new employee can vary from 25 percent to 200 percent of annual compensation. Costs include customer service disruption, emotional costs, loss of morale, burnout/absenteeism among remaining employees, loss of experience, continuity, and "corporate memory." In addition, a 2003 analysis by the Wyoming Department of Employment found that "firms that offer more benefits have lower turnover for all industry groups." This study found that on average, each additional benefit offered resulted in a 1% decrease in turnover. Across the range of researched benefits (e.g., paid holidays and vacation, sick leave, health insurance, life insurance, and retirement plan), predicated turnover rates decreased from about 23% with no benefits offered to 15% turnover with all benefits offered.

BUDGET SUMMARY: The Agency is currently budgeted for \$12.00 per hour or \$25,836.00 annually for this OPS position. In order to recruit and retain staff suitable for the responsibilities of this position, this issue requests one Full-Time Equivalent (FTE) Administrative Assistant II- SES position.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Admin Assistant II-SES	0712	418	1	\$29,457	\$43,055	\$14,320	\$0	\$398	\$0	\$57,773

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$21,527	\$0	\$21,527
Medical Care Trust Fund 2474 (FSI 3)	\$21,528	\$0	\$21,528
Total	\$43,055	\$0	\$43,055
OPS (030000)			
General Revenue 1000 (FSI 2)	(\$12,918)	\$0	(\$12,918)
Medical Care Trust Fund 2474 (FSI 3)	(\$12,918)	\$0	(\$12,918)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR THE BEHAVIORAL HEALTH UNIT				3003A70
Total		(\$25,836)	\$0	(\$25,836)

Expenses (040000)				
General Revenue 1000 (FSI 2)		\$5,660	\$1,500	\$7,160
Medical Care Trust Fund 2474 (FSI 3)		\$5,660	\$1,500	\$7,160
Total		\$11,320	\$3,000	\$14,320

Transfer to DMS HR Outsourcing (107040)				
General Revenue 1000 (FSI 2)		\$199	\$0	\$199
Medical Care Trust Fund 2474 (FSI 3)		\$199	\$0	\$199
Total		\$398	\$0	\$398

Total Issue				
General Revenue 1000 (FSI 2)		\$14,468	\$1,500	\$15,968
Medical Care Trust Fund 2474 (FSI 3)		\$14,469	\$1,500	\$15,969
Issue Total		\$28,937	\$3,000	\$31,937

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

 POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
0712 ADMINISTRATIVE ASSISTANT II							
N5015 001	1.00	29,457		13,598	43,055	0.00	43,055

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES FOR THE BEHAVIORAL HEALTH UNIT				3003A70

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							21,527
2474 MEDICAL CARE TRUST FUND							21,528
	1.00	29,457		13,598	43,055		43,055

INCREASE STAFF IN MEDICAID SERVICES FOR AUTISM WAIVER							3003A80
SALARY RATE							000000
SALARY RATE.....	45,216						
SALARIES AND BENEFITS							010000
GENERAL REVENUE FUND -MATCH	30,803						1000 2
MEDICAL CARE TRUST FUND -FEDERL	30,803						2474 3
TOTAL POSITIONS.....	1.00						
TOTAL APPRO.....	61,606						

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR AUTISM WAIVER				3003A80
EXPENSES				040000
GENERAL REVENUE FUND -MATCH	7,160	1,500		1000 2
MEDICAL CARE TRUST FUND -FEDERL	7,160	1,500		2474 3
TOTAL APPRO.....	14,320	3,000		
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -MATCH	199			1000 2
MEDICAL CARE TRUST FUND -FEDERL	199			2474 3
TOTAL APPRO.....	398			
=====				
TOTAL: INCREASE STAFF IN MEDICAID SERVICES				3003A80
FOR AUTISM WAIVER				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....	76,324	3,000		
TOTAL SALARY RATE.....	45,216			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Increase Staff for Medicaid Services Autism Waiver

ISSUE SUMMARY: Legislative Mandate (SB 2654) authorizes the Agency to seek federal approval to provide home and community based services (HCBS) to individuals with autism through a Medicaid waiver or state plan amendment. Service provision will include occupational therapy, speech therapy, physical therapy, and behavior analysis and behavior assistant services for beneficiaries who are 5 years of age and under; having a diagnosis of autism or autism spectrum disorder. In order to implement this mandate and obtain federal approval for match funding, many laborious processes will need to take place. This position will decrease the frequency of staff turnover and improve the opportunity to recruit a highly qualified employee.

ISSUE DETAIL: It will be necessary to present a detailed development plan for the waiver and application to the federal Centers for Medicaid and Medicare Services (CMS). There is currently a workgroup in place made up of key Medicaid staff for contribution to this development. Many additional meetings and development workshops will need to occur in order to finalize plans for the waiver or state plan amendment. SB 2654 directs the Agency to report annually to the Legislature,

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR AUTISM WAIVER				3003A80

beginning January 1, 2009, on our progress on obtaining federal approval and with recommendations on implementation of these home and community based services. Once Legislative approval to proceed with a waiver or state plan amendment is given, processes such as rule development and handbook development, implementation of provider enrollment and qualifications, setting of eligibility requirements, and function of quality assurance oversight must be set. Consequently, a full time analyst will be necessary in order to build and implement the Autism Waiver program.

There is currently one full time program analyst within the Developmental Disabilities (DD) unit whose workload prohibits her from absorbing this function. The current program analyst for DD is in the process of working on substantial changes to the DD Waivers, including the legislatively mandated division of what was previously one large waiver into four separate "Tier" Waivers, along with the Family and Supported Living Waiver which will need to be developed, amended and implemented throughout the coming years. This analyst is also regularly involved with legal rule challenges including interagency and association negotiations regarding the complex waiver and its recent changes.

BUDGET SUMMARY: Requesting 10% above minimum of the base salary for pay grade 24 is needed based on description of position above requiring intensive development and implementation of a new waiver. This position requires that an individual have experience with waivers, rule development, leadership skills and experience with individuals having developmental disabilities.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Med/Health Care Prog Anal	5875	24	1	\$45,216	\$61,606	\$14,320	\$0	\$398	\$0	\$76,324

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$30,803	\$0	\$30,803
Medical Care Trust Fund 2474 (FSI 3)	\$30,803	\$0	\$30,803
Total	\$61,606	\$0	\$61,606
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$5,660	\$1,500	\$7,160
Medical Care Trust Fund 2474 (FSI 3)	\$5,660	\$1,500	\$7,160
Total	\$11,320	\$3,000	\$14,320

Transfer to DMS HR Outsourcing (107040)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID SERVICES				
FOR AUTISM WAIVER				3003A80

General Revenue 1000 (FSI 2)	\$199	\$0	\$199
Medical Care Trust Fund 2474 (FSI 3)	\$199	\$0	\$199
Total	\$398	\$0	\$398

Total Issue			
General Revenue 1000 (FSI 2)	\$36,662	\$1,500	\$38,162
Medical Care Trust Fund 2474 (FSI 3)	\$36,662	\$1,500	\$38,162
Issue Total	\$73,324	\$3,000	\$76,324

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5016 001	1.00	45,216		16,390	61,606	0.00	61,606
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							30,803
2474 MEDICAL CARE TRUST FUND							30,803
	1.00	45,216		16,390	61,606		61,606

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF FOR FEDERAL AND				
STATE REPORTING REQUIREMENTS FOR				
FLORIDA'S 1115 MEDICAID REFORM				
WAIVER				3003A90
SALARY RATE				000000
SALARY RATE.....	90,432			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	61,606		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	61,607		2474 3
		-----	-----	-----
TOTAL POSITIONS.....	2.00			
TOTAL APPRO.....		123,213		
		=====	=====	=====
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	14,320	3,000	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	14,320	3,000	2474 3
		-----	-----	-----
TOTAL APPRO.....		28,640	6,000	
		=====	=====	=====
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND	-MATCH	398		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	398		2474 3
		-----	-----	-----
TOTAL APPRO.....		796		
		=====	=====	=====
TOTAL: INCREASE STAFF FOR FEDERAL AND				3003A90
STATE REPORTING REQUIREMENTS FOR				
FLORIDA'S 1115 MEDICAID REFORM				
WAIVER				
TOTAL POSITIONS.....	2.00			
TOTAL ISSUE.....		152,649	6,000	
TOTAL SALARY RATE.....	90,432			
		=====	=====	=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF FOR FEDERAL AND				
STATE REPORTING REQUIREMENTS FOR				
FLORIDA'S 1115 MEDICAID REFORM				
WAIVER				3003A90

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff for Federal and State Reporting Requirements for Florida's 1115 Medicaid Reform Waiver

ISSUE SUMMARY: Currently, one FTE (select exempt Senior Management Analyst II) manages two of Florida Medicaid's largest managed care waivers: 1915(b) Managed Care Waiver and 1115 Medicaid Reform Waiver. Other job duties include: development of new waiver applications, competitive procurement documents, model health plan contracts, Florida's initial Medicaid Managed Care Quality Assessment and Improvement Strategy, annual legislative report on cost-effectiveness audit of managed care plans, state plan amendments, rule promulgation, bill drafting and analysis, summary documents related to managed care, analysis of federal and state managed care regulations, bill analysis training, and coordination of legislative activities for the bureau. This position also acts as bureau representative on various Medicaid managed care teams including: External Quality Review Organization Core Team, Evaluation Team for Prepaid Dental Health Plan, and other managed care related teams as needed. This position supervises two OPS positions (Medical Health Care Analysts) who assist in the management of the waivers. OPS staff are problematic in these positions as it requires complex training and an extensive knowledge base to properly assist in the management of these complex waivers. The current FTE is in a continuous training mode as OPS staff are recruited into permanent positions within the Agency. In the last 1.5 years there have been 6 employees in the two OPS positions. 3 of the 4 employees that left the OPS positions were hired into FTE career service positions within the Agency (two work within the Bureau of Managed Health Care as contract managers).

ISSUE DETAIL: 1115 Medicaid Reform Waiver

1 Medical Health Care Program Analyst position, pay grade 24. Additional staff is needed in order to effectively manage the federal and state reporting requirements for the 1115 Medicaid Reform waiver which is currently implemented in Baker, Broward, Clay, Duval and Nassau Counties. The Medicaid Bureau of Health Systems Development in the Agency for Health Care Administration is responsible for managing the 1115 Medicaid Reform waiver in compliance with all federal and state regulations. The federal and state reporting requirements are extensive and require additional staff. The Bureau of Health Systems Development needs to add one Medical Health Care Program Analyst (FTE) to effectively meet the required federal and state reporting requirements for the waiver. The one Medical Health Care Program Analyst will be dedicated to preparing the required federal and state reports and responding to requests for information from legislators.

The waiver reporting requirements include the following: general financial reporting, budget neutrality reporting, managed care data reporting requirements, follow-up information requested during monthly conference calls, quarterly reporting, and annual reporting. The quarterly and annual reports require Health Systems Development to coordinate with other bureaus in Medicaid and the Bureau of Managed Health Care. The quarterly reports must include the following:

- Events occurring during the quarter or anticipated to occur in the near future that affect health care delivery,

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
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>
WORKLOAD						3000000
INCREASE STAFF FOR FEDERAL AND						
STATE REPORTING REQUIREMENTS FOR						
FLORIDA'S 1115 MEDICAID REFORM						
WAIVER						3003A90

including but not limited to: approval and contracting with new plans, specifying coverage area, risk adjustment phase-in, populations served, and benefits; enrollment; grievances; and other operational issues.

- Action plans for addressing any policy and administrative issues.
- State efforts related to the collection and verification of encounter data and utilization data.
- Enrollment data disaggregated by plan and by the following specifications: eligibility category, TANF or SSI, total number of enrollees; market share; and percentage change in enrollment by plan. In addition, the state is required to provide a summary of voluntary and mandatory selection rates and disenrollment data.
- For purposes of monitoring budget neutrality, the quarterly reports include enrollment data, member month data, and expenditures in the budget neutrality-monitoring format provided by federal Centers for Medicaid and Medicare Services (CMS).
- Low Income Pool activities and associated expenditures.
- Activities related to the implementation of choice counseling including efforts to improve health literacy and the methods used to obtain public input including beneficiary focus groups.
- Participation rates in the Enhanced Benefit Accounts Program. This includes: participation levels; summary of activities and the associated expenditures; number of accounts established including active participants and individuals who continue to retain access to funds in an account but no longer actively participate; estimated quarterly deposits in accounts, and expenditures from the account.
- Enrollment data on employer sponsored insurance (ESI) that documents the number of individuals selecting to opt-out when ESI is available. This includes data to identify enrollee characteristics as follows: 1) eligibility category; 2) type of employer-sponsored insurance (e.g., small employer, large employer, ERISA); 3) type of coverage - single or family coverage. The state maintains disenrollment reports specifying the reason for disenrolling in an ESI program. The state also tracks and reports on those enrollees who elect the option to reenroll in the Medicaid Reform demonstration.
- Progress toward the demonstration goals.
- Evaluation activities.

The Medical Health Care Program Analysts will prepare, route for approval, and submit the draft annual report and the

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF FOR FEDERAL AND				
STATE REPORTING REQUIREMENTS FOR				
FLORIDA'S 1115 MEDICAID REFORM				
WAIVER				3003A90

final annual report to federal CMS and the Florida Legislature. The annual report requires extensive documentation of accomplishments, project status, quantitative and case study findings, utilization data, and policy and administrative difficulties in the operation of the waiver within 120 days of the end of each operational year.

1915(b) Managed Care Waiver

1 Medical Health Care Program Analyst position, pay grade 24. Currently, the 1915(b) Managed Care Waiver encompasses over 16 managed care programs (such as MediPass, Children's Medical Services Network, Healthy Start Coordinated Care Program, provider service networks, health maintenance organizations, and disease management programs) and requires extensive coordination activities with the Bureau of Medicaid Program Analysis, the Bureau of Medicaid Services and the Medicaid Director's Office. The waiver renewal application is submitted to the Centers for Medicare and Medicaid Services every two years and must include extensive documentation of compliance with all federal and state managed care regulations. Preparation for the submission of the waiver renewal application begins 9 months prior to the waiver expiration date. Other federal reporting requirements include monitoring results for each of the programs. The last renewal application for this waiver was over 700 pages long. The waiver renewal application and amendment requests require extensive staff time to coordinate and draft waiver documents including responses to requests for additional information from the Centers for Medicare and Medicaid Services and the Office of Management and Budget. In addition, CMS has also recently indicated that the state should provide quarterly reports on the 1915(b) waiver. The addition of these requirements has increased or will increase the workload of the Senior Management Analyst II by 75%, and therefore 1 additional FTE is required.

BUDGET SUMMARY: Both positions are funded at 10% over the base to attract high quality applicants.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Med/Health Care Prog Anal	5875	24	2	\$90,432	\$123,213	\$28,640	\$0	\$796	\$0	\$152,649

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$61,606	\$0	\$61,606
Medical Care Trust Fund 2474 (FSI 3)	\$61,607	\$0	\$61,607
Total	\$123,213	\$0	\$123,213

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
INCREASE STAFF FOR FEDERAL AND STATE REPORTING REQUIREMENTS FOR FLORIDA'S 1115 MEDICAID REFORM WAIVER							3003A90

Expenses (040000)						
General Revenue 1000 (FSI 2)			\$11,320		\$3,000	\$14,320
Medical Care Trust Fund 2474 (FSI 3)			\$11,320		\$3,000	\$14,320
Total			\$22,640		\$6,000	\$28,640
Transfer to DMS HR Outsourcing (107040)						
General Revenue 1000 (FSI 2)			\$398		\$0	\$398
Medical Care Trust Fund 2474 (FSI 3)			\$398		\$0	\$398
Total			\$796		\$0	\$796
Total Issue						
General Revenue 1000 (FSI 2)			\$73,324		\$3,000	\$76,324
Medical Care Trust Fund 2474 (FSI 3)			\$73,325		\$3,000	\$75,325
Issue Total			\$146,649		\$6,000	\$152,649

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

 POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5017 001	2.00	90,432		32,781	123,213	0.00	123,213

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
INCREASE STAFF FOR FEDERAL AND STATE REPORTING REQUIREMENTS FOR FLORIDA'S 1115 MEDICAID REFORM WAIVER							3003A90

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							61,606
2474 MEDICAL CARE TRUST FUND							61,607
	2.00	90,432		32,781	123,213		123,213

INCREASE STAFF IN MEDICAID AUDIT SERVICES							3004A20
SALARY RATE							000000
SALARY RATE.....	45,216						
SALARIES AND BENEFITS							010000
GENERAL REVENUE FUND -MATCH	30,803						1000 2
MEDICAL CARE TRUST FUND -FEDERL	30,803						2474 3
TOTAL POSITIONS.....	1.00						
TOTAL APPRO.....	61,606						

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID AUDIT				
SERVICES				3004A20
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	7,160	1,500	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	7,160	1,500	2474 3
TOTAL APPRO.....		14,320	3,000	
		=====	=====	=====
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND	-MATCH	199		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	199		2474 3
TOTAL APPRO.....		398		
		=====	=====	=====
TOTAL: INCREASE STAFF IN MEDICAID AUDIT				3004A20
SERVICES				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....		76,324	3,000	
TOTAL SALARY RATE.....	45,216			
		=====	=====	=====

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Increase Staff in Medicaid Audit Services

ISSUE SUMMARY: This issue requests one Audit Evaluation and Review Analyst position, associated salaries and expenses in the amount of \$72,527 for the Medicaid Audit Services program to ensure that audit and cost reports are analyzed and monitored for accuracy, statutory compliance and for the purpose of uncovering fraud and abuse.

ISSUE DETAIL: Federal regulation requires the Agency to conduct in-depth desk reviews or audits for cost reports of nursing homes, intermediate care facilities for the developmentally disabled (ICF-DD) and hospitals participating in the Medicaid program. These audited cost reports are utilized by the Agency in order to calculate specific reimbursement rates that are paid to facilities that render Medicaid services.

Since 2004, Medicaid Audit Services has increased the number of nursing home and ICF-DD cost reports being audited by 48 percent. This increase in audit coverage has been a direct result of the 50 percent increase in appropriations of funds for Medicaid nursing home and ICF-DD cost report audits. The audits contain increasingly more complex financial

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT		
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>
WORKLOAD							3000000
INCREASE STAFF IN MEDICAID AUDIT SERVICES							3004A20

transactions to be reviewed with a heightened awareness to potential data inaccuracies. A number of these complex financial transactions will be tested in appeal or hearing. For SFY 2007-08, overpayments identified through nursing home cost report audits yielded a return of 2.20:1 for contracted audits.

At a minimum, these audited cost reports must be reviewed and analyzed by a financial professional. This position will be filled by a financial professional that holds the designation of "Certified Public Accountant" or "Certified Internal Auditor".

BUDGET SUMMARY: It is requested this position be allotted at a minimum 10 percent above the current salary of a pay grade 24. The salary amount is calculated at 10 percent above the minimum in order to be better able to fill the position with a candidate with the appropriate work experience and training required.

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
Audit Eval and Review Anal	1668	24	1	\$45,216	\$61,606	\$14,320	\$0	\$398	\$0	\$76,324

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$30,803	\$0	\$30,803
Medical Care Trust Fund 2474 (FSI 3)	\$30,803	\$0	\$30,803
Total	\$61,606	\$0	\$61,606
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$5,660	\$1,500	\$7,160
Medical Care Trust Fund 2474 (FSI 3)	\$5,660	\$1,500	\$7,160
Total	\$11,320	\$3,000	\$14,320
Transfer to DMS HR Outsourcing (107040)			
General Revenue 1000 (FSI 2)	\$199	\$0	\$199
Medical Care Trust Fund 2474 (FSI 3)	\$199	\$0	\$199
Total	\$398	\$0	\$398
Total Issue			
General Revenue 1000 (FSI 2)	\$36,662	\$1,500	\$38,162

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN MEDICAID AUDIT				
SERVICES				3004A20

Medical Care Trust Fund 2474 (FSI 3)	\$36,662	\$1,500	\$38,162
Issue Total	\$73,324	\$3,000	\$76,324

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

 POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
1668 AUDIT EVALUATION & REVIEW ANALYST							
N5017 001	1.00	45,216		16,390	61,606	0.00	61,606
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							30,803
2474 MEDICAL CARE TRUST FUND							30,803
	1.00	45,216		16,390	61,606		61,606

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN EXPANSION OF				
MANAGED CARE CONTRACTING				
REQUIREMENTS				3004A30
SALARY RATE				000000
SALARY RATE.....	246,908			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	170,464		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	170,464		2474 3

TOTAL POSITIONS.....	6.00			
TOTAL APPRO.....	340,928			
=====				
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	42,960	9,000	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	42,960	9,000	2474 3

TOTAL APPRO.....	85,920	18,000		
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND	-MATCH	1,194		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	1,194		2474 3

TOTAL APPRO.....	2,388			
=====				
TOTAL: INCREASE STAFF IN EXPANSION OF				3004A30
MANAGED CARE CONTRACTING				
REQUIREMENTS				
TOTAL POSITIONS.....	6.00			
TOTAL ISSUE.....	429,236	18,000		
TOTAL SALARY RATE.....	246,908			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN EXPANSION OF				
MANAGED CARE CONTRACTING				
REQUIREMENTS				3004A30

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Increase Staff for Expansion of Managed Care Contracting Requirements

ISSUE SUMMARY: The managed care plans, health maintenance organizations (HMO), provider service networks (PSN) and prepaid dental health plan (PDHP), are responsible for a full array of medical services, including primary care and specialty care, dental services (PDHP is only responsible for dental care), ancillary services, therapy, behavioral health, transportation, inpatient and outpatient services. The Medicaid managed care contracts require the plans to report on plan performance in several areas including direct service provision; case management; complaint, grievance and appeal processes; provider reimbursement; and quality measures that not only measure plan performance and outcomes, but require the plans to continually assess, and evaluate outcomes and implement performance improvement plans (PIPs) in areas noted to be deficient. The plans are also required to submit encounter data on a regularly scheduled basis.

ISSUE DETAIL: The Medicaid Bureau of Health Systems Development (HSD) currently houses the units which provide contract management oversight for non-Reform HMO, PSN, and PDHP programs. In addition, the Bureau provides contract management oversight for the Primary Care Case Management (MediPass) program, Minority Physician Networks (MPN), Pediatric Emergency Room Diversion program, and Disease Management programs servicing the MediPass population.

Currently the Agency manages non-Reform managed care contracts for 13 HMOs (14 programs including Frail/Elderly), 1 PDHP and 1 PSN in various areas of the state. Additionally, four PSN applications, three HMO applications and one PDHP application are in process. These will result in as many as eight additional managed care contracts. In addition, staff continues to provide technical assistance to parties interested in submitting applications and working with plans as they merge and/or are purchased by other entities in order to ensure patient care is not disrupted and that state, federal and contractual requirements continue to be met.

While the Bureau of Managed Health Care is responsible for many of the monitoring responsibilities of contract compliance and is charged with sanctioning the plans if needed, HSD is legally responsible for contract management and oversight. The contract management encompasses the following: application development and processing; contract development, routing and execution; coordination with Medicaid Fiscal Agent for plan enrollment and reimbursement, plan budget/financial tracking, communication of policy and procedures with all plans, and technical assistance to all plans. Contract management oversight includes monitoring and review of all of the above items and coordination with other Agency bureaus (including BMHC, Quality Management, Medicaid Contract Management, Choice Counseling, Medicaid Program Analysis, Medicaid Services, Medicaid Program Integrity and Pharmacy), and vendors that interact with the plans, such as the Agency's External Quality Review Organization (EQRO) vendor, the Medicaid Fiscal Agent, and the Reform Choice Counseling vendor. Contract management oversight also includes obtaining approval from the Centers for Medicaid and Medicare Services (CMS) for all managed care contracts and amendments and ensuring the Agency's compliance with the 1915(b) Managed Care Waiver.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN EXPANSION OF				
MANAGED CARE CONTRACTING				
REQUIREMENTS				3004A30

The EQRO's report on Contract Management and Contract Administration has indicated that additional oversight and documentation is required for managed care plans by HSD. In response, HSD is implementing a variety of contract management oversight initiatives, including a contract management oversight tool, monthly meetings between HSD analysts and BMHC analysts, quarterly meetings with all affected Agency bureaus, complaint tracking spreadsheets, and monthly provider network analyses.

Additional staff is also needed in order to allow for PSN expansion in non-Reform counties to handle the additional reconciliation requirements for the FFS PSNs as they become operational, systems issues relative to implementing the capitated PSN model and to provide technical assistance to the PSNs. In addition, there are many unforeseen Medicaid fiscal agent systems changes that need to occur to more effectively manage and operate the FFS PSN program.

PSN Unit

Two Medical Health Care Program Analyst positions (PG 24) will be dedicated as follows: one to handle the three additional PSNs expected from applications being processed (one analyst per 2-3 PSNs) and one to handle the additional reconciliation activities relative to these contracts and to coordinate the contract management oversight activities for the PSN unit. Current workload allows one program analyst per two FFS PSNs. Currently, we have three FTE career service analysts handling six FFS PSNs. FFS PSNs require more technical assistance than HMOs due to the claims payment being housed in our FMMIS system and the additional technical assistance required for providers and PSNs.

HMO Unit

Two Medical Health Care Program Analyst (PG 24) positions will be dedicated as follows: 1 to handle the 3 additional HMOs expected from applications being processed and one to implement the additional dental plan and assist with HMO expansion efforts. With the new fiscal agent implementation, a policy decision was made to hold all HMO plan expansion requests until after the transition. These expansion requests will now be able to be processed and require additional staff time for review, contract amendment routing and execution, initiating systems changes related to: mandatory assignment, establishing enrollment levels, rate loading and payment, file maintenance; and plan technical assistance. There are five current HMOs that have submitted requests to expand to approximately 13 counties of operation, and seven of these counties do not have an HMO providing service to the area at present (Bay, Gulf, Holmes, Washington, Franklin, Indian River and St. Johns counties).

The HMO unit is responsible for the prepaid dental health plan contracts as well. Currently there is one PDHP in Miami-Dade County that serves approximately 200,000 Medicaid children under 21 years of age. A second entity has submitted an application to become a PDHP and staff anticipate contract execution in the fall of 2008. At present one of the program analysts is the contract manager for the existing PDHP (in addition the HMO contract manager responsibilities). The second PDHP will be contract managed by an HMO program analyst as well. If a decision is reached to expand the PDHP programs statewide, additional resources will be necessary to handle the review of applications, contract routing and execution and plan technical assistance as well as serve as contract managers for the newly implemented plans.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN EXPANSION OF				
MANAGED CARE CONTRACTING				
REQUIREMENTS				3004A30

At a minimum, the two additional staff will allow contract management activities to be performed effectively for prepaid managed care plans (HMOs and PDHPs), and allow each contract manager to be responsible for 2-3 plans.

Data Unit

One Senior Database Analyst position (PG 25) will be housed in the Data Services unit and will handle the financial reporting, benefit reporting and testing requirements. The Bureau of HSD is responsible for the Provider Network Validation for Accuracy and Completeness project. This project surveys a statistically valid sample of managed care plan network providers on a monthly basis and provides data on plan compliance with required provider networks and provider file submission. Contracting with additional plans will increase the workload for this project as well. Currently, three unit staff handles the enrollment reporting and benefit review activities and two handle the network analysis on a part-time basis. We anticipate that with non-Reform expansion, this program will expand to include at least four additional HMOs and three additional PSNs and seven PSNs submitting expansion applications and ten HMOs submitting expansion applications, resulting in an additional 23 county populations to have to sample and include in all enrollment, benefit grid analysis, and network survey work. The addition of multiple plans will greatly increase the data workload for each of these projects as well as the increase in projected data needs and technical assistance. The requested increase in staff is needed in order to continue to adequately provide data services.

Bureau Chief's Office

One Operations Management Consultant (OMC) II position (PG 23) is needed for tracking correspondence, managing office space, and managing human resource activities. This position is needed to ensure proper tracking of routing correspondence and log assignments, public records requests that will increase with non-Reform expansion activities, draft internal administrative reports, and other administrative functions, such as training secretaries, reviewing budget, travel and finance issues are accomplished. HSD currently maintains a high profile and high volume of correspondence which has increased with the additional Reform activities. Additional staff is needed to effectively assist bureau staff in the management of the Medicaid health plan contracts and the MediPass Program authorized under s. 409.912, F.S., which includes the Reform plans authorized under 409.91211, F.S. The Bureau of Health Systems Development has 43 employees in three operational units: (1) HMOs Unit includes Prepaid Dental, (2) MediPass Unit includes disease management programs and data support, and (3) Provider Service Networks Unit includes prepaid and fee-for-service Provider Services Networks. The bureau has two FTEs (Administrative Secretary and Staff Assistant) to provide administrative support to the Bureau Chief, the three AHC Administrators and their units and two additional Bureau Chief professional staff including Waivers and Data. All Bureaus of this size have an OMC II position to assist in bureau-wide efforts.

BUDGET SUMMARY: The Bureau of HSD will need to add six positions (FTEs) to effectively manage the existing and additional managed care contracts. These positions will allow the Bureau of HSD to efficiently review and process the applications, contract with the approved entities and provide contract management oversight for the additional managed

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	AMOUNT	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>							68500200
<u>GOV OPERATIONS/SUPPORT</u>							16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>							<u>1602.00.00.00</u>
WORKLOAD							3000000
INCREASE STAFF IN EXPANSION OF MANAGED CARE CONTRACTING REQUIREMENTS							3004A30

care plans.

CLASS TITLE	CC	PG	FTE	ANNUAL		ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
				RATE	SALARIES					
Med/Health Care Prog Anal	5875	24	4	\$164,424	\$227,072	\$57,280	\$0	\$1,592	\$0	\$285,944
Senior Database Analyst	2122	25	1	\$43,675	\$59,792	\$14,320	\$0	\$398	\$0	\$74,510
OMC II-SES	2236	23	1	\$38,809	\$54,064	\$14,320	\$0	\$398	\$0	\$68,782
				\$246,908	\$340,928	\$850,920	\$0	\$2,388	\$0	\$429,236

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$170,464	\$0	\$170,464
Medical Care Trust Fund 2474 (FSI 3)	\$170,464	\$0	\$170,464
Total	\$340,928	\$0	\$340,928
Expenses (040000)			
General Revenue 1000 (FSI 2)	\$33,960	\$9,000	\$42,960
Medical Care Trust Fund 2474 (FSI 3)	\$33,960	\$9,000	\$42,960
Total	\$67,320	\$18,000	\$85,920
Transfer to DMS HR Outsourcing (107040)			
General Revenue 1000 (FSI 2)	\$1,194	\$0	\$1,194
Medical Care Trust Fund 2474 (FSI 3)	\$1,194	\$0	\$1,194
Total	\$2,388	\$0	\$2,388
Total Issue			
General Revenue 1000 (FSI 2)	\$205,618	\$9,000	\$214,618
Medical Care Trust Fund 2474 (FSI 3)	\$205,618	\$9,000	\$214,618
Issue Total	\$411,236	\$18,000	\$429,236

SOURCE OF FUNDS:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE STAFF IN EXPANSION OF				
MANAGED CARE CONTRACTING				
REQUIREMENTS				3004A30

General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
2122 SENIOR DATA BASE ANALYST							
N5020 001	1.00	43,675		16,117	59,792	0.00	59,792
2236 GOVERNMENT OPERATIONS CONSULTANT II							
N5021 001	1.00	38,809		15,255	54,064	0.00	54,064
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5019 001	4.00	164,424		62,648	227,072	0.00	227,072
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							170,464
2474 MEDICAL CARE TRUST FUND							170,464
	6.00	246,908		94,020	340,928		340,928

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
PHARMACIST AND NURSING CONSULTANT				
RATE INCREASE FOR MEDICAID				
PROGRAM INTEGRITY				3008A00
SALARIES AND BENEFITS				010000
MEDICAL CARE TRUST FUND -MATCH	199,901			2474 2

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Pharmacist and Nursing Consultant Rate Increase for Medicaid Program Integrity

BUDGET ISSUE SUMMARY: Medicaid Program Integrity is requesting to eliminate the disparity in salaries of the Registered Nursing Consultants and Senior Pharmacists employed by the bureau. The salaries for both Registered Nurses and Senior Pharmacists are below the average salary offered by other state agencies and the private sector. This additional funding is necessary to retain the experienced and highly competent staff.

ISSUES: The mean annual salary for a registered nurse is \$56,880 nationally; the minimum salary for a Registered Nursing Consultant (PG 79) is \$44,649. Medicaid Program Integrity (MPI) presently has ten Registered Nursing Consultant positions with annual salaries ranging between \$47,341 and \$64,359. The results of these disparities negatively affect our ability to recruit highly qualified staff and severely limit our ability to retain these individuals once they gain experience and their value to the private sector increases. In the last quarter of FY 2007-08 and the first quarter of FY 2008-09, MPI lost two experienced nurses to higher paying positions elsewhere and our salary levels are hindering our efforts to hire qualified applicants. Also in each of the two fiscal years preceding FY 06-07, MPI lost a Registered Nursing Consultant to higher paying positions outside of the Agency.

Registered Nursing Consultants assist in audits and investigations of medical providers by reviewing the medical records that support questionable Medicaid billings for medical necessity and level of service provided. In FY 2007-08 these nurses provided medical reviews of over 300 cases with an identified overpayment of over \$3.2 million. In addition they prevented over \$470,000 in unsupported claims from being paid by conducting prepayment reviews. They also participate in site visits of physician's offices and clinics where their expertise is invaluable in onsite inspections of medical records and facilities. Therefore we are requesting a onetime rate adjustment to permit raising the salaries for seven Registered Nursing Consultants to \$60,000.

MPI pharmacist salary levels are below other state entities that employ a number of pharmacists and are significantly below the private sector market which makes it impossible to hire well qualified staff without depleting the agency rate pool. According to rxsalary.com, salaries in the southeastern United States average \$91,234 for state government Pharmacists and \$105,304 for state government Pharmacy Program Managers. Private sector salaries may approach \$115,000 plus signing bonuses of \$7,000 to \$10,000. MPI currently employs five fulltime and one part time Senior Pharmacists with an average salary of \$76,200 annually. The benefits of state employment, regular working hours, provide some assistance in remaining competitive, but the value of this has steadily decreased in the face of the increasing disparity in

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	AMOUNT	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>							68500200
<u>GOV OPERATIONS/SUPPORT</u>							16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>							<u>1602.00.00.00</u>
WORKLOAD							3000000
PHARMACIST AND NURSING CONSULTANT							
RATE INCREASE FOR MEDICAID							
PROGRAM INTEGRITY							3008A00

earnings. MPI is at an additional disadvantage competing against other state agencies and other areas of the Agency for Health Care Administration (Medicaid Pharmacy Services) that are able to offer higher salaries of between \$80,000 and \$84,000. In FY 06-07 MPI lost two Senior Pharmacists to Medicaid Pharmacy Services and we were able to only fill one of those vacancies due to salary limitations and could only give raises for retention purposes to existing staff by eliminating a position that was needed.

Experienced staff is critical to Medicaid Program Integrity's investigations of fraud and abuse in the Medicaid program. Pharmacy Services expenditures were estimated to be in excess of \$1.5 billion during FY 2007-08 and our Senior Pharmacists are vital to our investigations of this sector. Florida Statutes require that all MPI pharmacy audits be conducted by a Florida Licensed Registered Pharmacist. The number of pharmacies that we can audit is limited by the number of pharmacists on staff. Our Senior Pharmacists in FY 2007-08 recovered \$5.4 million in pharmacy overpayments and denied over \$350,000 in unsupported claims. In order to retain these experienced staff, we are requesting a onetime rate supplement to permit increasing the 5.75 Senior Pharmacist Positions to \$90,000 and 1 Pharmacy Program Manager to \$102,000.

BUDGET SUMMARY: The estimated cost to Medicaid Program Integrity is as follows:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	EXPENSES	OCO	HR SERVICES	FY 2009-10 TOTAL
Pharmacy Program									
Manager (AHC Administrator)	2250	26	0	19,601	\$26,646	\$0	\$0	\$0	\$26,646
Senior Pharmacist	5248	93	0	60,881	\$82,762	\$0	\$0	\$0	\$82,762
Registered Nursing Consultant	5312	79	0	65,980	\$89,693	\$0	\$0	\$0	\$89,693
			0	146,462	\$199,901	\$0	\$0	\$0	\$199,901

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (01000)	\$199,901		\$199,901
(2474-2) Medical Care Trust Fund	\$199,901		\$199,901
Expenses (04000)	\$0	\$0	\$0
(2474-2) Medical Care Trust Fund	\$0	\$0	\$0

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE RATE OF CURRENT				
PHARMACISTS AND POSITION				
CONSOLIDATION				3008A20

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO

ISSUE TITLE: Increase Rate of Current Pharmacists and Position Consolidation

ISSUE SUMMARY: Agency pharmacist salary levels are below the other state agency that employs a number of pharmacists (DOH) and significantly below the private sector market. This makes it impossible to hire well qualified staff without depleting the Agency rate pool. Salaries for the southeastern United States average \$91,234 for State Government Pharmacists and \$105,304 for State Government Program Managers per the Pharmacy Salary Calculator that can be found at rxsalary.com. The private sector salary levels approach \$115,000 plus signing bonuses of \$7,000 to \$10,000. The benefits of state employment with the Agency for Health Care Administration (not being required to work on holidays/weekends/nights) provide some buffer, but the value of this has steadily declined in the face of the increasing disparity in earnings.

ISSUE DETAIL: Performance measures for pharmacists are driven primarily by increasing workload combined with provider/patient demand for immediate service. One of the aspects of patient care that is unique to the pharmacy service is the "point-of-sale" requirement of service. Patients are actively waiting for prescription service, and decisions, particularly relating to prior authorization, must be made efficiently and in a timely manner. Lack of sufficient professional staffing could put us at risk of delays which might cause patients to go without medications and emergency visits and/or hospitalizations could possibly increase. Many of the decisions can only be made by pharmacists working in conjunction with providers. As workload changes, increasing the need for additional professional pharmacy staff, the Bureau realizes the necessity of reclassifying manager/administrative positions to maximize professional staff.

Pharmacists are vital to the daily functions and future programs within Medicaid Pharmacy Services. There is increasing demand for clinical expertise and experience in the evaluation of prior authorization requests and communication with stakeholders. The number and complexity of prior authorizations has increased dramatically. One recent program requires ongoing monitoring of DOH epidemiology data and another recent program requires direct interaction with consultant child psychiatrists. Pharmacists are also performing non-pharmacy prior authorizations (PA) on durable medical equipment (DME), such as nutritional support products and physician services review on products such as biologicals. All PA activities are incredibly time consuming. (PA workload statistics for the last two years are below.) There are also increasing demands on the pharmacists to assist with pertinent pharmacy related issues outside of prior authorization requests. These non-prior authorization interventions require pharmacist expertise/training and cannot be delegated to analysts or other support staff. These activities include reviewing Medicaid HMO preferred drug lists; overseeing the enhanced benefits program; managing the Behavioral Health Medication Therapy Management (MTM) Contract; implementing the new medication therapy management program; overseeing the Hernandez and Fair Hearing Processes; managing the Meds AD Program; and managing the Drug Use Review (DUR) and Pharmaceutical and Therapeutics (P&T) Committee processes. At this time, we do not have enough pharmacists to handle the workload that has steadily increased over the last few years. There are currently four pharmacists in the Bureau of Medicaid Pharmacy Services. Therefore,

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE RATE OF CURRENT				
PHARMACISTS AND POSITION				
CONSOLIDATION				3008A20

we realize the necessity of reclassifying two support staff and combining salary toward the addition of a pharmacist.

AHCA PA STATISTICS

MONTH	2006	2007	2008
January	305	338	627
February	355	315	726
March	391	358	780
April	414	341	697
May	280	394	1,057
June	291	402	1,175
July	240	409	1,250
August	315	487	
September	341	441	
October	309	588	
November	311	618	
December	260	568	

2007 had a 28% increase over 2006.
 First 7 months of 2008 had 59% over 2007.
 AHCA staff did more PA's in the first 5 months of 2008 than they did in all of 2006.

BUDGET SUMMARY: This issue is to request a one-time salary rate supplement to permit increasing the four Senior Pharmacist positions salary to \$90,000 and the two Pharmaceutical Program Manager position salaries to \$102,500 to be more consistent with salaries in the government category and to reclassify one Government Analyst II position plus one Administrative Secretary to a Senior Pharmacist (2 positions to 1).

POSITION TITLE	CURRENT ANNUAL RATE	PROPOSED INCREASE RATE	RATE NEEDED
Senior Pharmacist	\$80,340	\$90,000	\$9,660
Senior Pharmacist	\$80,649	\$90,000	\$9,351
Senior Pharmacist	\$80,308	\$90,000	\$9,692
Senior Pharmacist	\$79,939	\$90,000	\$10,061
Pharmaceutical Program Mgrs	\$102,130	\$102,500	\$370
Pharmaceutical Program Mgrs	\$90,808	\$102,500	\$11,692
TOTAL			\$50,825
Government Analyst II (vacant)	\$46,559	\$0	(\$46,559)
Administrative Secretary (vacant)	\$22,540	\$0	(\$22,540)
Senior Pharmacist	\$0	\$90,000	\$90,000

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
WORKLOAD							3000000
INCREASE RATE OF CURRENT							
PHARMACISTS AND POSITION							
CONSOLIDATION							3008A20

TOTAL \$20,901
 GRAND TOTAL \$71,726

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
General Revenue 1000 (FSI 2)	\$17,931	\$0	\$17,931
Medical Care Trust Fund 2474 (FSI 3)	\$53,795	\$0	\$53,795
Total	\$71,726	\$0	\$71,726
Total Issue			
General Revenue 1000 (FSI 2)	\$17,931	\$0	\$17,931
Medical Care Trust Fund 2474 (FSI 3)	\$53,795	\$0	\$53,795
Issue Total	\$71,726	\$0	\$71,726

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
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>
WORKLOAD				3000000
INCREASE RATE OF CURRENT				
PHARMACISTS AND POSITION				
CONSOLIDATION				3008A20

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
OTHER SALARY AMOUNT							
1000 GENERAL REVENUE FUND							17,931
2474 MEDICAL CARE TRUST FUND							53,795

							71,726
							=====

ENSURING ACCESS TO CARE							4100000
NURSING HOME DIVERSION BROKER SERVICES							4100A20
SPECIAL CATEGORIES							100000
CONTRACTED SERVICES							100777
GENERAL REVENUE FUND -MATCH		75,886					1000 2
MEDICAL CARE TRUST FUND -FEDERL		75,887					2474 3

TOTAL APPRO.....		151,773					=====

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Nursing Home Diversion Broker Services

ISSUE SUMMARY: The Agency's Long Range Program Plan (LRPP) has two performance measures related to beneficiaries served by the Nursing Home Diversion program. The first measure is the number of Home and Community Based Services (HCBS) case months. The second measure is the number of case months of prepaid services purchased for the elderly and disabled population. Both of these performance measures would show greater outcomes by increasing the number of Nursing Home

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
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>
ENSURING ACCESS TO CARE				4100000
NURSING HOME DIVERSION BROKER SERVICES				4100A20

Diversion beneficiaries being successfully enrolled in the program through the enrollment broker. Fewer Nursing Home Diversion enrollment rejections will result in quicker provider payments and less manual correction submissions to be keyed by the fiscal agent.

ISSUE DETAIL: Currently, Nursing Home Diversion providers are responsible for submitting monthly enrollment transactions to the Medicaid fiscal agent. This is unique among Medicaid managed care providers. For other Medicaid managed care providers, enrollment transactions are processed by Agency contractor (Medicaid Options and ACS Choice Counseling).

Upon acceptance of the monthly enrollment transaction, the fiscal agent processes enrollment and generates a report listing the accepted and rejected enrollments. The rejected transactions are submitted through a manual process. The manual enrollment process delays capitation payments. Nursing Home Diversion providers are required to use HIPAA compliant 834 transactions to submit their monthly enrollments. This requirement increases the probability that a transaction will be rejected.

Creating either an enrollment broker or a simplified enrollment information transfer process would significantly improve program operations and reduce the need for manual transactions to pay for otherwise eligible plan members.

To resolve the Nursing Home Diversion enrollment/disenrollment transaction rejection problem, this issue requests funding to contract with an enrollment broker to process the enrollment transactions for program applicants. The enrollment broker would receive applicant enrollment information from the local Department of Elder Affairs' CARES units, create the monthly enrollment transactions for all providers, and submit the enrollment transactions to the Medicaid Fiscal Agent.

BUDGET SUMMARY: Based upon cost data developed for the Medicaid Reform initiative's enrollment broker, the monthly per capita costs for statewide enrollment brokering would be \$27.92. The Nursing Home Diversion program's projected enrollment for FY 2009-10 is 15,000. This enrollment broker is projected to need the capacity to process enrollment transactions for 5,436 members. This projection is based upon a monthly attrition rate of 3.02% for the program. The projected cost for FY 2009-10 is \$151,773.

5,436 members x \$27.92 per capita cost = \$151,773

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Contracted Services (100777)			
General Revenue 1000 (FSI 2)	\$75,886	\$0	\$75,886
Medical Care Trust Fund 2474 (FSI 3)	\$75,887	\$0	\$75,887

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
ENSURING ACCESS TO CARE				4100000
NURSING HOME DIVERSION BROKER SERVICES				4100A20
Total		\$151,773	\$0	\$151,773
Total Issue				
General Revenue 1000 (FSI 2)		\$75,886	\$0	\$75,886
Medical Care Trust Fund 2474 (FSI 3)		\$75,887	\$0	\$75,887
Issue Total		\$151,773	\$0	\$151,773

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Medical Care Trust Fund (Federal 50%)

FLORIDA HEALTH INSURANCE STUDY				4100110
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND -MATCH	250,000			1000 2
MEDICAL CARE TRUST FUND -FEDERL	750,000			2474 3
TOTAL APPRO.....	1,000,000			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO

ISSUE TITLE: Florida Health Insurance Study

ISSUE SUMMARY: The Governor's Dashboard measures include uninsured numbers for both adults and children in the state. The number of uninsured can significantly impact several long-range program plan (LRPP) measures including Maternal and Child Health status, hospitalizations for ambulatory sensitive conditions, childhood primary care and preventive care services and Title XXI enrollment. Without updating this study we cannot update these measures.

ISSUE DETAIL: The uninsured have a significant impact on the state's health care system and resources. Uncompensated care, overcrowded emergency rooms, and routine health problems that become chronic or emergent conditions due to the lack of primary care cost everyone and strain the state's ability to provide quality care. In order to accurately develop programs and services to care for this vulnerable population, it is first necessary to maintain an accurate estimate of the uninsured, including both numbers and locations within the state. In 1999, Florida recognized this necessity and created the Florida Health Insurance Study (FHIS). At the time, the FHIS series of studies included the nation's largest

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
ENSURING ACCESS TO CARE				4100000
FLORIDA HEALTH INSURANCE STUDY				4100110

and most thorough state-specific survey. The survey allowed statistically reliable estimates of the number of uninsured Floridians for the state as a whole (2.1 million at the time), for seventeen different geographic areas throughout the state, for most of the large urban areas and for various population groups of interest. At the most general level, the key finding was that the problem of the uninsured varies dramatically, impacting geographic and demographic segments of our state in different ways and to varying degrees. Findings from the FHIS 1999 were widely distributed. The information was used by the state and by numerous community groups to pursue or devise wide-ranging interventions addressing various contexts.

Five years later, the FHIS 2004 was accomplished. The 2004 survey was closely comparable to the earlier study in size and approach, providing Florida with unique information about changes in the health insurance situation of our state over a five-year interval. Findings confirmed overall increases in the number of uninsured people in Florida, but revealed that the increases had not occurred evenly throughout the state or its various population subgroups. As the results from these studies age over time, the estimates become less accurate and less useful as policy tools. In keeping with the 5-year trend for analyses established with the 1999 and 2004 studies, the Agency would like to repeat the study in FY 2009-10 to maintain the most accurate and comprehensive estimates possible. Data from the 2009 insurance study could also serve as a valuable baseline against which to measure the impact of the Cover Florida Health Care Access Program on the level of insured Floridians once implementation of that program is complete. In addition, a new component of the FHIS project will be an ongoing development of new methods to track the uninsured and provide more current and relevant estimates during the 5-year study intervals. Further, these methods will allow for specific, focused analysis by sub-region of the state, supporting in-depth evaluation of future pilot programs on the health status of the uninsured.

BUDGET SUMMARY: The Agency's current contractor for the Florida Health Insurance Study, the University of Florida, estimates it will cost \$1 million to perform this work in FY 2009-10. Of this amount, \$250,000 will be General Revenue. The University will provide \$250,000 in private donations and \$500,000 will be federally funded. This contract will also need to be funded in FY 2010-11 in the amount of \$150,000 General Revenue and the 2 fiscal years thereafter in the amount of \$75,000 General Revenue.

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Contracted Services (100777)			
General Revenue 1000 (FSI 2)	\$250,000	\$0	\$250,000
Medical Care Trust Fund 2474 (FSI 3)	\$750,000	\$0	\$750,000
Total	\$1,000,000	\$0	\$1,000,000
Total Issue			
General Revenue 1000 (FSI 2)	\$250,000	\$0	\$250,000

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
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>
ENSURING ACCESS TO CARE				4100000
FLORIDA HEALTH INSURANCE STUDY				4100110
Medical Care Trust Fund 2474 (FSI 3)		\$750,000	\$0	\$750,000
Issue Total		\$1,000,000	\$0	\$1,000,000
SOURCE OF FUNDS:				
General Revenue (State 25%)				
Medical Care Trust Fund (Federal 75%)				

TOTAL: EXEC LEADERSHIP/SUPPRT SVC				<u>1602.00.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND	62,407,589	140,419		1000
TRUST FUNDS	164,642,104	288,881		2000
TOTAL POSITIONS.....	834.50			
TOTAL PROG COMP.....	227,049,693	429,300		
TOTAL SALARY RATE.....	35,489,778			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				1000000
ADULT VISION/HEARING SVCS				100062
GENERAL REVENUE FUND -MATCH	5,343,101			1000 2
TOBACCO SETTLEMENT TF -MATCH	501,997			2122 2
MEDICAL CARE TRUST FUND -FEDERL	7,278,157			2474 3
REFUGEE ASSISTANCE TF -FEDERL	272,828			2579 3
TOTAL APPRO.....	13,396,083			
CASE MANAGEMENT				100311
GENERAL REVENUE FUND -MATCH	46,359,525			1000 2
TOBACCO SETTLEMENT TF -MATCH	536,312			2122 2
MEDICAL CARE TRUST FUND -FEDERL	58,393,423			2474 3
REFUGEE ASSISTANCE TF -FEDERL	296			2579 3
TOTAL APPRO.....	105,289,556			
THERAPEUTIC SVCS - CHILD				100436
GENERAL REVENUE FUND -MATCH	32,772,626			1000 2
TOBACCO SETTLEMENT TF -MATCH	9,497			2122 2
MEDICAL CARE TRUST FUND -FEDERL	40,819,410			2474 3
REFUGEE ASSISTANCE TF -FEDERL	1,799			2579 3
TOTAL APPRO.....	73,603,332			
COMMUNITY MENTAL HEALTH SV				100616
GENERAL REVENUE FUND -MATCH	13,648,237			1000 2
TOBACCO SETTLEMENT TF -MATCH	2,082,657			2122 2
MEDICAL CARE TRUST FUND -FEDERL	22,495,998			2474 3
REFUGEE ASSISTANCE TF -FEDERL	1,462			2579 3
TOTAL APPRO.....	38,228,354			

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				1000000
ADULT DENTAL SERVICES				100903
GENERAL REVENUE FUND	-MATCH	6,061,954		1000 2
TOBACCO SETTLEMENT TF	-MATCH	525,161		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	8,202,099		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	137,013		2579 3
TOTAL APPRO.....		14,926,227		
DEVEL EVAL & INTERV/PART C				100919
MEDICAL CARE TRUST FUND	-MATCH	2,125,374		2474 2
	-FEDERL	2,648,721		2474 3
TOTAL MEDICAL CARE TRUST FUND		4,774,095		2474
TOTAL APPRO.....		4,774,095		
EARLY/PERIOD SCREEN/CHILD				101029
GENERAL REVENUE FUND	-MATCH	47,395,701		1000 2
TOBACCO SETTLEMENT TF	-MATCH	5,898		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	59,056,803		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	121,030		2579 3
TOTAL APPRO.....		106,579,432		
G/A-RURAL HOSP FIN ASST				101240
GENERAL REVENUE FUND	-MATCH	1,220,185		1000 2
GRANTS AND DONATIONS TF	-MATCH	5,284,077		2339 2
MEDICAL CARE TRUST FUND	-FEDERL	6,526,504		2474 3
TOTAL APPRO.....		13,030,766		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
FAMILY PLANNING				101246
GENERAL REVENUE FUND -MATCH	718,386			1000 2
TOBACCO SETTLEMENT TF -MATCH	16,221			2122 2
MEDICAL CARE TRUST FUND -FEDERL	6,611,482			2474 3
REFUGEE ASSISTANCE TF -FEDERL	14,188			2579 3
TOTAL APPRO.....	7,360,277			
HEALTHY START SERVICES				101405
MEDICAL CARE TRUST FUND -FEDERL	19,384,718			2474 3
HOME HEALTH SERVICES				101561
GENERAL REVENUE FUND -MATCH	79,618,810			1000 2
TOBACCO SETTLEMENT TF -MATCH	2,831,319			2122 2
MEDICAL CARE TRUST FUND -FEDERL	102,670,943			2474 3
REFUGEE ASSISTANCE TF -FEDERL	135,324			2579 3
TOTAL APPRO.....	185,256,396			
HOSPICE SERVICES				101575
GENERAL REVENUE FUND -MATCH	135,966,350			1000 2
TOBACCO SETTLEMENT TF -MATCH	5,290,327			2122 2
MEDICAL CARE TRUST FUND -FEDERL	175,888,984			2474 3
REFUGEE ASSISTANCE TF -FEDERL	35,135			2579 3
TOTAL APPRO.....	317,180,796			
HOSPITAL INPATIENT SERVICE				101582
GENERAL REVENUE FUND -STATE	168,300			1000 1
-MATCH	37,623,993			1000 2
TOTAL GENERAL REVENUE FUND	37,792,293			1000

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
MEDICAID SERV/INDIVIDUALS				68501400
HEALTH AND HUMAN SERVICES				13
HEALTH SVCS/INDIVIDUALS				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
TOBACCO SETTLEMENT TF	-MATCH	132,872,660		2122 2
		=====	=====	
GRANTS AND DONATIONS TF	-MATCH	339,707,854		2339 2
		=====	=====	
MEDICAL CARE TRUST FUND	-MATCH	27,339,940		2474 2
	-FEDERL	1179,153,549		2474 3
		-----	-----	
TOTAL MEDICAL CARE TRUST FUND		1206,493,489		2474
		=====	=====	
PUB MEDICAL ASST TF	-MATCH	431,570,000		2565 2
		=====	=====	
REFUGEE ASSISTANCE TF	-FEDERL	1,938,539		2579 3
		=====	=====	
TOTAL APPRO.....		2150,374,835		
		=====	=====	
REGULAR DISPROP SHARE				101583
GRANTS AND DONATIONS TF	-MATCH	97,501,510		2339 2
MEDICAL CARE TRUST FUND	-FEDERL	121,111,741		2474 3
		-----	-----	
TOTAL APPRO.....		218,613,251		
		=====	=====	
LOW INCOME POOL				101584
GENERAL REVENUE FUND	-MATCH	250,000		1000 2
TOBACCO SETTLEMENT TF	-MATCH	535,200		2122 2
GRANTS AND DONATIONS TF	-MATCH	446,000,000		2339 2
MEDICAL CARE TRUST FUND	-FEDERL	554,664,800		2474 3
		-----	-----	
TOTAL APPRO.....		1001,450,000		
		=====	=====	
FREESTANDING DIALYSIS CTRS				101585
GENERAL REVENUE FUND	-MATCH	5,425,731		1000 2
TOBACCO SETTLEMENT TF	-MATCH	664,969		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	7,583,975		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	25,651		2579 3
		-----	-----	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
MEDICAID SERV/INDIVIDUALS				68501400
HEALTH AND HUMAN SERVICES				13
HEALTH SVCS/INDIVIDUALS				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
FREESTANDING DIALYSIS CTRS				101585
TOTAL APPRO.....	13,700,326			
=====				
HOSPITAL INSURANCE BENEFIT				101589
GENERAL REVENUE FUND -MATCH	59,285,858			1000 2
TOBACCO SETTLEMENT TF -MATCH	5,090,369			2122 2
MEDICAL CARE TRUST FUND -FEDERL	80,159,535			2474 3
TOTAL APPRO.....	144,535,762			
=====				
HOSPITAL OUTPATIENT SVCS				101596
GENERAL REVENUE FUND -MATCH	91,211,922			1000 2
TOBACCO SETTLEMENT TF -MATCH	25,329,039			2122 2
GRANTS AND DONATIONS TF -MATCH	71,309,086			2339 2
MEDICAL CARE TRUST FUND -FEDERL	327,404,515			2474 3
PUB MEDICAL ASST TF -MATCH	75,000,000			2565 2
REFUGEE ASSISTANCE TF -FEDERL	1,130,101			2579 3
TOTAL APPRO.....	591,384,663			
=====				
RESPIRATORY THERAPY SVCS				101938
GENERAL REVENUE FUND -MATCH	1,803,650			1000 2
TOBACCO SETTLEMENT TF -MATCH	294			2122 2
MEDICAL CARE TRUST FUND -FEDERL	2,246,515			2474 3
TOTAL APPRO.....	4,050,459			
=====				
NURSE PRACTITIONER SERVICE				102212
GENERAL REVENUE FUND -MATCH	8,535,219			1000 2
TOBACCO SETTLEMENT TF -MATCH	597,460			2122 2
MEDICAL CARE TRUST FUND -FEDERL	11,373,326			2474 3
REFUGEE ASSISTANCE TF -FEDERL	13,370			2579 3
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
NURSE PRACTITIONER SERVICE				102212
TOTAL APPRO.....	20,519,375			
	=====	=====	=====	
BIRTHING CENTER SERVICES				102234
GENERAL REVENUE FUND	-MATCH	598,827		1000 2
TOBACCO SETTLEMENT TF	-MATCH	3,363		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	749,831		2474 3
TOTAL APPRO.....		1,352,021		
		=====	=====	=====
OTHER LAB & X-RAY SERVICES				102324
GENERAL REVENUE FUND	-MATCH	24,830,244		1000 2
TOBACCO SETTLEMENT TF	-MATCH	819,878		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	31,951,644		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	504,175		2579 3
TOTAL APPRO.....		58,105,941		
		=====	=====	=====
PATIENT TRANSPORTATION				102387
GENERAL REVENUE FUND	-MATCH	51,016,549		1000 2
TOBACCO SETTLEMENT TF	-MATCH	2,642,812		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	66,815,181		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	30,000		2579 3
TOTAL APPRO.....		120,504,542		
		=====	=====	=====
PHYSICIAN ASSISTANT SVCS				102528
GENERAL REVENUE FUND	-MATCH	944,643		1000 2
TOBACCO SETTLEMENT TF	-MATCH	67,043		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	1,260,534		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	8,166		2579 3
		-----	-----	-----

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
PHYSICIAN ASSISTANT SVCS				102528
TOTAL APPRO.....	2,280,386			
PERSONAL CARE SERVICES				102538
GENERAL REVENUE FUND -MATCH	30,825,674			1000 2
TOBACCO SETTLEMENT TF -MATCH	43,985			2122 2
MEDICAL CARE TRUST FUND -FEDERL	38,448,685			2474 3
TOTAL APPRO.....	69,318,344			
PHYSICAL REHAB THERAPY				102540
GENERAL REVENUE FUND -MATCH	8,392,428			1000 2
TOBACCO SETTLEMENT TF -MATCH	2,427			2122 2
MEDICAL CARE TRUST FUND -FEDERL	10,456,673			2474 3
REFUGEE ASSISTANCE TF -FEDERL	762			2579 3
TOTAL APPRO.....	18,852,290			
PHYSICIAN SERVICES				102541
GENERAL REVENUE FUND -MATCH	179,642,630			1000 2
TOBACCO SETTLEMENT TF -MATCH	110,355,517			2122 2
MEDICAL CARE TRUST FUND -FEDERL	405,377,333			2474 3
REFUGEE ASSISTANCE TF -FEDERL	2,579,223			2579 3
TOTAL APPRO.....	697,954,703			
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND -MATCH	1007,320,524			1000 2
TOBACCO SETTLEMENT TF -MATCH	53,823,236			2122 2
MEDICAL CARE TRUST FUND -FEDERL	1320,285,994			2474 3
REFUGEE ASSISTANCE TF -FEDERL	16,438,179			2579 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673
TOTAL APPRO.....	2397,867,933			
=====				
PRESCRIBED MEDICINE/DRUGS				102681
GENERAL REVENUE FUND -MATCH	240,945,133			1000 2
TOBACCO SETTLEMENT TF -MATCH	21,011,648			2122 2
GRANTS AND DONATIONS TF -MATCH	213,243,977			2339 2
-FEDERL	277,102,575			2339 3
TOTAL GRANTS AND DONATIONS TF	490,346,552			2339
MEDICAL CARE TRUST FUND -MATCH	3,465,461			2474 2
-FEDERL	323,041,848			2474 3
TOTAL MEDICAL CARE TRUST FUND	326,507,309			2474
REFUGEE ASSISTANCE TF -FEDERL	2,336,938			2579 3
TOTAL APPRO.....	1081,147,580			
=====				
MEDICARE PART D PAYMENT				102683
GENERAL REVENUE FUND -MATCH	403,748,151			1000 2
TOBACCO SETTLEMENT TF -MATCH	11,298,991			2122 2
TOTAL APPRO.....	415,047,142			
=====				
PRIVATE DUTY NURSING SVCS				102685
GENERAL REVENUE FUND -MATCH	54,914,701			1000 2
TOBACCO SETTLEMENT TF -MATCH	140,411			2122 2
MEDICAL CARE TRUST FUND -FEDERL	68,553,132			2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
			AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
PRIVATE DUTY NURSING SVCS				102685
TOTAL APPRO.....	123,608,244			
	=====	=====	=====	
RURAL HEALTH SERVICES				103276
GENERAL REVENUE FUND	-MATCH	35,475,590		1000 2
TOBACCO SETTLEMENT TF	-MATCH	1,040,574		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	45,494,693		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	109,783		2579 3
TOTAL APPRO.....		82,120,640		
		=====	=====	=====
SPEECH THERAPY SERVICES				103529
GENERAL REVENUE FUND	-MATCH	17,726,382		1000 2
TOBACCO SETTLEMENT TF	-MATCH	5,160		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	22,080,555		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	1,569		2579 3
TOTAL APPRO.....		39,813,666		
		=====	=====	=====
MEDIPASS SERVICES				103558
GENERAL REVENUE FUND	-MATCH	7,107,769		1000 2
TOBACCO SETTLEMENT TF	-MATCH	129,150		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	9,027,435		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	57,743		2579 3
TOTAL APPRO.....		16,322,097		
		=====	=====	=====
SUPPLEMENTAL MEDICAL INS				103724
GENERAL REVENUE FUND	-MATCH	432,797,099		1000 2
TOBACCO SETTLEMENT TF	-MATCH	4,287,629		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	509,969,315		2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
SUPPLEMENTAL MEDICAL INS				103724
TOTAL APPRO.....	947,054,043			
	=====	=====	=====	
OCCUPATIONAL THERAPY SVCS				103740
GENERAL REVENUE FUND -MATCH	11,663,853			1000 2
TOBACCO SETTLEMENT TF -MATCH	7,113			2122 2
MEDICAL CARE TRUST FUND -FEDERL	14,533,420			2474 3
REFUGEE ASSISTANCE TF -FEDERL	562			2579 3
TOTAL APPRO.....	26,204,948			
	=====	=====	=====	
CLINIC SERVICES				103742
GENERAL REVENUE FUND -MATCH	46,612,289			1000 2
TOBACCO SETTLEMENT TF -MATCH	603,373			2122 2
MEDICAL CARE TRUST FUND -FEDERL	58,791,661			2474 3
REFUGEE ASSISTANCE TF -FEDERL	827,373			2579 3
TOTAL APPRO.....	106,834,696			
	=====	=====	=====	
MEDICAID SCHOOL REFINANCE				105445
MEDICAL CARE TRUST FUND -FEDERL	80,000,000			2474 3
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL ISSUE.....	11328,027,919			
	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR ADULTS IN THE				
MEDICALLY NEEDED PROGRAM WITH				
NONRECURRING FUNDS				2103025
SPECIAL CATEGORIES				100000
ADULT VISION/HEARING SVCS				100062
TOBACCO SETTLEMENT TF -MATCH		274,710-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		342,061-		2474 3
TOTAL APPRO.....		616,771-		
CASE MANAGEMENT				100311
TOBACCO SETTLEMENT TF -MATCH		224,123-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		279,071-		2474 3
TOTAL APPRO.....		503,194-		
COMMUNITY MENTAL HEALTH SV				100616
TOBACCO SETTLEMENT TF -MATCH		1,218,823-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		1,517,646-		2474 3
TOTAL APPRO.....		2,736,469-		
ADULT DENTAL SERVICES				100903
TOBACCO SETTLEMENT TF -MATCH		271,910-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		338,576-		2474 3
TOTAL APPRO.....		610,486-		
FAMILY PLANNING				101246
TOBACCO SETTLEMENT TF -MATCH		15,513-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		139,621-		2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR ADULTS IN THE				
MEDICALLY NEEDED PROGRAM WITH				
NONRECURRING FUNDS				2103025
SPECIAL CATEGORIES				100000
FAMILY PLANNING				101246
TOTAL APPRO.....		155,134-		
=====		=====		=====
HOME HEALTH SERVICES				101561
TOBACCO SETTLEMENT TF -MATCH		1,197,540-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		1,491,145-		2474 3
TOTAL APPRO.....		2,688,685-		
=====		=====		=====
HOSPICE SERVICES				101575
TOBACCO SETTLEMENT TF -MATCH		443,175-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		551,830-		2474 3
TOTAL APPRO.....		995,005-		
=====		=====		=====
HOSPITAL INPATIENT SERVICE				101582
TOBACCO SETTLEMENT TF -MATCH		77,902,345-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		97,001,886-		2474 3
TOTAL APPRO.....		174,904,231-		
=====		=====		=====
FREESTANDING DIALYSIS CTRS				101585
TOBACCO SETTLEMENT TF -MATCH		168,258-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		209,510-		2474 3
TOTAL APPRO.....		377,768-		
=====		=====		=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR ADULTS IN THE				
MEDICALLY NEEDED PROGRAM WITH				
NONRECURRING FUNDS				2103025
SPECIAL CATEGORIES				100000
HOSPITAL INSURANCE BENEFIT				101589
TOBACCO SETTLEMENT TF	-MATCH	5,090,369-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	6,338,390-		2474 3
TOTAL APPRO.....		11,428,759-		
HOSPITAL OUTPATIENT SVCS				101596
TOBACCO SETTLEMENT TF	-MATCH	19,347,197-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	24,090,605-		2474 3
TOTAL APPRO.....		43,437,802-		
NURSE PRACTITIONER SERVICE				102212
TOBACCO SETTLEMENT TF	-MATCH	504,958-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	628,760-		2474 3
TOTAL APPRO.....		1,133,718-		
BIRTHING CENTER SERVICES				102234
TOBACCO SETTLEMENT TF	-MATCH	3,363-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	4,189-		2474 3
TOTAL APPRO.....		7,552-		
OTHER LAB & X-RAY SERVICES				102324
TOBACCO SETTLEMENT TF	-MATCH	393,977-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	490,569-		2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR ADULTS IN THE				
MEDICALLY NEEDED PROGRAM WITH				
NONRECURRING FUNDS				2103025
SPECIAL CATEGORIES				100000
OTHER LAB & X-RAY SERVICES				102324
TOTAL APPRO.....		884,546-		
=====				
PATIENT TRANSPORTATION				102387
TOBACCO SETTLEMENT TF -MATCH		1,159,107-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		1,443,288-		2474 3
TOTAL APPRO.....		2,602,395-		
=====				
PHYSICIAN ASSISTANT SVCS				102528
TOBACCO SETTLEMENT TF -MATCH		43,841-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		54,591-		2474 3
TOTAL APPRO.....		98,432-		
=====				
PHYSICIAN SERVICES				102541
TOBACCO SETTLEMENT TF -MATCH		17,464,049-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		21,745,760-		2474 3
TOTAL APPRO.....		39,209,809-		
=====				
PRESCRIBED MEDICINE/DRUGS				102681
TOBACCO SETTLEMENT TF -MATCH		12,496,241-		2122 2
GRANTS AND DONATIONS TF -MATCH		10,149,511-		2339 2
-FEDERL		12,637,895-		2339 3
TOTAL GRANTS AND DONATIONS TF		22,787,406-		2339
MEDICAL CARE TRUST FUND -FEDERL		15,559,981-		2474 3
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR ADULTS IN THE				
MEDICALLY NEEDY PROGRAM WITH				
NONRECURRING FUNDS				2103025
SPECIAL CATEGORIES				100000
PRESCRIBED MEDICINE/DRUGS				102681
TOTAL APPRO.....		50,843,628-		
=====				
MEDICARE PART D PAYMENT				102683
TOBACCO SETTLEMENT TF	-MATCH	4,753,090-		2122 2
=====				
RURAL HEALTH SERVICES				103276
TOBACCO SETTLEMENT TF	-MATCH	525,764-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	654,666-		2474 3
TOTAL APPRO.....		1,180,430-		
=====				
SUPPLEMENTAL MEDICAL INS				103724
TOBACCO SETTLEMENT TF	-MATCH	4,287,629-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	5,338,840-		2474 3
TOTAL APPRO.....		9,626,469-		
=====				
CLINIC SERVICES				103742
TOBACCO SETTLEMENT TF	-MATCH	330,829-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	411,938-		2474 3
TOTAL APPRO.....		742,767-		
=====				
TOTAL: RESTORE COVERAGE FOR ADULTS IN THE				2103025
MEDICALLY NEEDY PROGRAM WITH				
NONRECURRING FUNDS				
TOTAL ISSUE.....		349,537,140-		
=====				

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
NONRECURRING EXPENDITURES							2100000
HOSPITAL CEILING EXEMPTIONS							2103103
SPECIAL CATEGORIES							100000
HOSPITAL INPATIENT SERVICE							101582
GRANTS AND DONATIONS TF	-MATCH	20,150,282-					2339 2
MEDICAL CARE TRUST FUND	-FEDERL	25,090,584-					2474 3
TOTAL APPRO.....		45,240,866-					
=====							
HOSPITAL OUTPATIENT SVCS							101596
GRANTS AND DONATIONS TF	-MATCH	4,849,718-					2339 2
MEDICAL CARE TRUST FUND	-FEDERL	6,038,735-					2474 3
TOTAL APPRO.....		10,888,453-					
=====							
TOTAL: HOSPITAL CEILING EXEMPTIONS							2103103
TOTAL ISSUE.....		56,129,319-					
=====							
RESTORE COVERAGE FOR THE MEDICAID FOR THE AGED AND DISABLED PROGRAM WITH NONRECURRING FUNDS							2103110
SPECIAL CATEGORIES							100000
ADULT VISION/HEARING SVCS							100062
TOBACCO SETTLEMENT TF	-MATCH	227,287-					2122 2
MEDICAL CARE TRUST FUND	-FEDERL	283,012-					2474 3
TOTAL APPRO.....		510,299-					
=====							
CASE MANAGEMENT							100311
TOBACCO SETTLEMENT TF	-MATCH	312,189-					2122 2
MEDICAL CARE TRUST FUND	-FEDERL	388,730-					2474 3
TOTAL APPRO.....		700,919-					
=====							

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
THERAPEUTIC SVCS - CHILD				100436
TOBACCO SETTLEMENT TF -MATCH		9,497-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		11,826-		2474 3
TOTAL APPRO.....		21,323-		
COMMUNITY MENTAL HEALTH SV				100616
TOBACCO SETTLEMENT TF -MATCH		863,834-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		1,075,623-		2474 3
TOTAL APPRO.....		1,939,457-		
ADULT DENTAL SERVICES				100903
TOBACCO SETTLEMENT TF -MATCH		253,251-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		315,341-		2474 3
TOTAL APPRO.....		568,592-		
EARLY/PERIOD SCREEN/CHILD				101029
TOBACCO SETTLEMENT TF -MATCH		5,898-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		7,345-		2474 3
TOTAL APPRO.....		13,243-		
FAMILY PLANNING				101246
TOBACCO SETTLEMENT TF -MATCH		708-		2122 2
MEDICAL CARE TRUST FUND -FEDERL		6,373-		2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
FAMILY PLANNING				101246
TOTAL APPRO.....	7,081-			
=====				
HOME HEALTH SERVICES				101561
TOBACCO SETTLEMENT TF	-MATCH	1,633,779-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	2,034,338-		2474 3
TOTAL APPRO.....	3,668,117-			
=====				
HOSPICE SERVICES				101575
TOBACCO SETTLEMENT TF	-MATCH	4,847,152-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	6,035,542-		2474 3
TOTAL APPRO.....	10,882,694-			
=====				
HOSPITAL INPATIENT SERVICE				101582
TOBACCO SETTLEMENT TF	-MATCH	54,770,315-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	68,198,511-		2474 3
TOTAL APPRO.....	122,968,826-			
=====				
FREESTANDING DIALYSIS CTRS				101585
TOBACCO SETTLEMENT TF	-MATCH	496,711-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	618,491-		2474 3
TOTAL APPRO.....	1,115,202-			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
HOSPITAL OUTPATIENT SVCS				101596
TOBACCO SETTLEMENT TF	-MATCH	5,981,842-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	7,448,428-		2474 3
TOTAL APPRO.....		13,430,270-		
RESPIRATORY THERAPY SVCS				101938
TOBACCO SETTLEMENT TF	-MATCH	294-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	366-		2474 3
TOTAL APPRO.....		660-		
NURSE PRACTITIONER SERVICE				102212
TOBACCO SETTLEMENT TF	-MATCH	92,502-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	115,181-		2474 3
TOTAL APPRO.....		207,683-		
OTHER LAB & X-RAY SERVICES				102324
TOBACCO SETTLEMENT TF	-MATCH	425,901-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	530,321-		2474 3
TOTAL APPRO.....		956,222-		
PATIENT TRANSPORTATION				102387
TOBACCO SETTLEMENT TF	-MATCH	1,483,705-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	1,847,469-		2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
PATIENT TRANSPORTATION				102387
TOTAL APPRO.....	3,331,174-			
=====				
PHYSICIAN ASSISTANT SVCS				102528
TOBACCO SETTLEMENT TF	-MATCH	23,202-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	28,891-		2474 3
TOTAL APPRO.....	52,093-			
=====				
PERSONAL CARE SERVICES				102538
TOBACCO SETTLEMENT TF	-MATCH	43,985-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	54,770-		2474 3
TOTAL APPRO.....	98,755-			
=====				
PHYSICAL REHAB THERAPY				102540
TOBACCO SETTLEMENT TF	-MATCH	2,427-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	3,023-		2474 3
TOTAL APPRO.....	5,450-			
=====				
PHYSICIAN SERVICES				102541
TOBACCO SETTLEMENT TF	-MATCH	10,323,771-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	12,854,878-		2474 3
TOTAL APPRO.....	23,178,649-			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
PREPAID HEALTH PLANS				102673
TOBACCO SETTLEMENT TF	-MATCH	53,823,236-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	67,019,234-		2474 3
TOTAL APPRO.....		120,842,470-		
PRESCRIBED MEDICINE/DRUGS				102681
TOBACCO SETTLEMENT TF	-MATCH	8,515,407-		2122 2
GRANTS AND DONATIONS TF	-MATCH	7,003,777-		2339 2
	-FEDERL	8,720,913-		2339 3
TOTAL GRANTS AND DONATIONS TF		15,724,690-		2339
MEDICAL CARE TRUST FUND	-FEDERL	10,603,152-		2474 3
TOTAL APPRO.....		34,843,249-		
MEDICARE PART D PAYMENT				102683
TOBACCO SETTLEMENT TF	-MATCH	6,545,901-		2122 2
PRIVATE DUTY NURSING SVCS				102685
TOBACCO SETTLEMENT TF	-MATCH	140,411-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	174,837-		2474 3
TOTAL APPRO.....		315,248-		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
RURAL HEALTH SERVICES				103276
TOBACCO SETTLEMENT TF	-MATCH	514,810-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	641,028-		2474 3
TOTAL APPRO.....		1,155,838-		
=====				
SPEECH THERAPY SERVICES				103529
TOBACCO SETTLEMENT TF	-MATCH	5,160-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	6,424-		2474 3
TOTAL APPRO.....		11,584-		
=====				
MEDIPASS SERVICES				103558
TOBACCO SETTLEMENT TF	-MATCH	129,150-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	160,813-		2474 3
TOTAL APPRO.....		289,963-		
=====				
OCCUPATIONAL THERAPY SVCS				103740
TOBACCO SETTLEMENT TF	-MATCH	7,113-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	8,858-		2474 3
TOTAL APPRO.....		15,971-		
=====				
CLINIC SERVICES				103742
TOBACCO SETTLEMENT TF	-MATCH	272,544-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	339,365-		2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
CLINIC SERVICES				103742
TOTAL APPRO.....		611,909-		
TOTAL: RESTORE COVERAGE FOR THE MEDICAID				2103110
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				
TOTAL ISSUE.....		348,288,842-		
SPECIAL MEDICAID PAYMENTS TO				
HOSPITALS				2103111
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
GENERAL REVENUE FUND	-MATCH	1,000,000-		1000 2
TOBACCO SETTLEMENT TF	-MATCH	200,000-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	1,494,207-		2474 3
TOTAL APPRO.....		2,694,207-		
LOW INCOME POOL				2103112
SPECIAL CATEGORIES				100000
LOW INCOME POOL				101584
TOBACCO SETTLEMENT TF	-MATCH	535,200-		2122 2
MEDICAL CARE TRUST FUND	-FEDERL	664,800-		2474 3
TOTAL APPRO.....		1,200,000-		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
GLOBAL REIMBURSEMENT FOR				
INTESTINAL AND MULTIVISCERAL				
TRANSPLANTS				4101010
SPECIAL CATEGORIES				100000
HOSPITAL INPATIENT SERVICE				101582
GENERAL REVENUE FUND -MATCH	1,570,450			1000 2
MEDICAL CARE TRUST FUND -FEDERL	1,929,550			2474 3
TOTAL APPRO.....	3,500,000			
PHYSICIAN SERVICES				102541
GENERAL REVENUE FUND -MATCH	258,003			1000 2
MEDICAL CARE TRUST FUND -FEDERL	316,997			2474 3
TOTAL APPRO.....	575,000			
TOTAL: GLOBAL REIMBURSEMENT FOR				4101010
INTESTINAL AND MULTIVISCERAL				
TRANSPLANTS				
TOTAL ISSUE.....	4,075,000			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Global Reimbursement for Intestinal and Multivisceral Transplants

ISSUE SUMMARY: This issue will provide for global reimbursement for intestinal and multivisceral transplants. A global reimbursement structure will incentivize providers to participate in the program and allow beneficiaries enhanced access to services.

ISSUE DETAIL: This budget request is for the purpose of obtaining Medicaid funds to reimburse a global rate to transplant centers for intestinal and multivisceral transplants instead of per diem payments. Intestinal transplantation is for intestines only. Multivisceral transplantation can be a combination of organs, such as, intestines and liver, intestines and pancreas, etc. Multivisceral transplants are not experimental even if they are not widely performed. Jackson Memorial Hospital is the only intestinal/multivisceral transplant center in the State of Florida. However, Jackson Memorial is reluctant to accept Medicaid reimbursement for these services, as Medicaid does not have an established global rate for them and the Medicaid per diem is inadequate reimbursement. To maintain consistency with current Medicaid methodology for the reimbursement of major organ transplants, we recommend the global rate for

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
GLOBAL REIMBURSEMENT FOR				
INTESTINAL AND MULTIVISCERAL				
TRANSPLANTS				4101010

intestinal and multivisceral transplants and additional funding is required. If, due to payment issues, beneficiaries have to be referred to out-of-state transplant centers for these services, it costs Medicaid much more as out-of-state providers only provide the services based on a negotiated rate that is acceptable to them.

It is recommended to reimburse the global rate to the Florida transplant center performing intestinal and multivisceral transplants for Medicaid beneficiaries instead of current per diem rate reimbursement. Funds need to be appropriated to Medicaid to cover the additional costs to reimburse the global rate for these services. As a cost containment measure, it is more economical to reimburse the global rate for these transplant services to be performed in Florida as it costs more to refer the beneficiary out-of-state for the same services.

Medicaid Services has requested and is expecting from Jackson Memorial Hospital recent transplant data and expenditure statistics associated with the provision of intestinal and multivisceral transplantation. Until this information is provided to Medicaid Services, the following information received from Jackson Memorial a few months ago is provided instead. The information below gives estimated costs and expected Medicaid global reimbursement associated with these transplants. These figures are based on 10 Florida Medicaid patients annually.

BUDGET SUMMARY: Global Reimbursement for Multivisceral Transplants (Jackson Memorial Data)

Physician Services (transplant team)		Hospital Services	
JMH Average Charges Per Case	\$115,000	JMH Average Charges Per Case	\$700,000
Current Average Medicaid Reimbursement:	\$11,500	Current Average Medicaid Reimbursement:	\$63,000
Average Cost to Medicaid at 50% of Charges:	\$57,500	Average Cost to Medicaid at 50% of Charges:	\$350,000

\$57,500 x 10 = \$575,000
 \$350,000 x 10 = \$3,500,000
 Total \$4,075,000

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

Special Category:	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Physician Services (102541)			
General Revenue 1000 (FSI 2)	\$258,003	\$0	\$258,003
Medical Care Trust Fund 2474 (FSI 3)	\$316,997	\$0	\$316,997
Total	\$575,000	\$0	\$575,000

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
ENSURING ACCESS TO CARE							4100000
GLOBAL REIMBURSEMENT FOR INTESTINAL AND MULTIVISCERAL TRANSPLANTS							4101010

Special Category:

Hospital Inpatient Services (101582)						
General Revenue 1000 (FSI 2)			\$1,570,450		\$0	\$1,570,450
Medical Care Trust Fund 2474 (FSI 3)			\$1,929,550		\$0	\$1,929,550
Total			\$3,500,000		\$0	\$3,500,000

Total Issue

General Revenue 1000 (FSI 2)			\$1,828,453		\$0	\$1,828,453
Medical Care Trust Fund 2474 (FSI 3)			\$2,246,547		\$0	\$2,246,547
Issue Total			\$4,075,000		\$0	\$4,075,000

SOURCE OF FUNDS:

General Revenue (State 44.87%)
 Medical Care Trust Fund (Federal 55.13%)

HOME HEALTH RATE INCREASE FOR
 PRIVATE DUTY NURSING/PERSONAL
 CARE

SPECIAL CATEGORIES							4101100
HOME HEALTH SERVICES							100000
							101561

GENERAL REVENUE FUND	-MATCH	5,268,907					1000 2
MEDICAL CARE TRUST FUND	-FEDERL	6,473,698					2474 3
REFUGEE ASSISTANCE TF	-FEDERL	8,160					2579 3

TOTAL APPRO..... 11,750,765

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Home Health Rate Increase

ISSUE SUMMARY: Retain and increase number of Medicaid state plan home health providers to serve Medicaid beneficiaries in order to reduce wait time in beneficiaries securing provider services, decrease hospitalizations, decrease length of

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
HOME HEALTH RATE INCREASE FOR				
PRIVATE DUTY NURSING/PERSONAL				
CARE				4101100

stay for hospitalizations, decrease use of waiver services in place of Medicaid state plan and increase home health agency retention rates of qualified staff.

ISSUE DETAIL: The current payment rates for home health visits were established in 1987. In addition, in 1995, a \$2.00 per visit co-payment for providers was implemented, which resulted in an additional decrease in compensation to home health providers. In SFY 2001-02, the Legislature funded an increase of 11% for home health nurses and 13% for home health aides. The increase began on January 1, 2002 but ended on June 30, 2003 due to non-recurring funding. Providers then reverted to the 1987 rates.

Staffing costs have increased significantly during that time period due to nationwide nursing shortages. Travel costs to beneficiary's homes have increased due to rising gasoline prices. The Medicaid program office has documented growing numbers of home health agency providers who have stated that due to what they believe to be low Medicaid reimbursement rates, they will be incapable of continuing to provide services to Medicaid beneficiaries. The Agency for Persons with Disabilities and the Department of Health have reported increased utilization of higher cost waiver home health services rather than home health state plan services.

BUDGET SUMMARY: The current payment rate is \$31.04 for an RN visit, \$26.19 for an LPN visit, and \$17.46 for a Home Health Aide visit. An increase is being requested to restore payment rates to those that were in effect from January 1, 2002 through June 30, 2003: \$34.45 for an RN visit, \$29.07 for an LPN visit, and \$19.73 for a Home Health Aide visit. \$11,750,765 is being requested for the rate increase. This will provide for an 11% increase for home health nurses and a 13% increase for home health aides.

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Special Category:			
Home Health Services (101561)			
General Revenue 1000 (FSI 2)	\$5,268,907	\$0	\$5,268,907
Medical Care Trust Fund 2474 (FSI 3)	\$6,473,698	\$0	\$6,473,698
Refugee Assistance Trust Fund 2579 (FSI 3)	\$8,160	\$0	\$8,160
Total	\$11,750,765	\$0	\$11,750,765
Total Issue			
General Revenue 1000 (FSI 2)	\$5,268,907	\$0	\$5,268,907
Medical Care Trust Fund 2474 (FSI 3)	\$6,473,698	\$0	\$6,473,698
Refugee Assistance Trust Fund 2579 (FSI 3)	\$8,160	\$0	\$8,160

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
HOME HEALTH RATE INCREASE FOR				
PRIVATE DUTY NURSING/PERSONAL				
CARE				4101100

Issue Total \$11,750,765 \$0 \$11,750,765

SOURCE OF FUNDS:
 General Revenue (State 44.84%)
 Medical Care Trust Fund (Federal 55.09%)
 Refugee Assistance Trust Fund (Federal 0.07%)

INCREASE FUNDING FOR MEDICAID				
NON-EMERGENCY TRANSPORTATION				4102230
SPECIAL CATEGORIES				100000
PATIENT TRANSPORTATION				102387
GENERAL REVENUE FUND -MATCH	4,744,034			1000 2
MEDICAL CARE TRUST FUND -FEDERL	5,828,807			2474 3
TOTAL APPRO.....	10,572,841			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO

ISSUE TITLE: Medicaid Non-Emergency Transportation

ISSUE SUMMARY: The Non-Emergency Transportation (NET) line item in the budget has not increased since an 11% reduction to the line item was taken in anticipation of the beginning of the current contract, which has been in place since 2004. In that same period of time, however, the cost of gasoline increased from \$1.00/gallon to over \$4.00/gallon and Florida Medicaid's non-emergency contractor has been required to provide for an increased number of trips to Prescribed Pediatric Extended Care services. Additionally, during FY 2008-2009, the legislature decreased the NET line item by 4%.

ISSUE DETAIL: The state has experienced a marked increase in the number of available Prescribed Pediatric Extended Care (PPEC) facilities. The number of PPECs in Florida has increased by 33% (from 21 to 32) since the beginning of the Agency's contract with the Commission for the Transportation Disadvantaged (CTD) in 2004. PPEC transportation is extremely expensive as a result of the medically fragile nature of the children receiving care at the PPEC facility. Transportation providers must have a medical attendant on board the vehicle before picking up the first child. Consequently, the transportation provider must drive first to the PPEC facility to pick up the medical attendant and the equipment necessary for the care of the children on board before picking up a Medicaid beneficiary. Many times, the

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
INCREASE FUNDING FOR MEDICAID				
NON-EMERGENCY TRANSPORTATION				4102230

transportation provider has to cross county lines to pick up a medical attendant and then cross county lines again to pick up children and then cross a third time to deliver the child and the medical attendant to the PPEC facility. The first trips to pick up the medical attendant at the PPEC facility and to pick up the first child and the last trips to drop off the medical attendant after all of the children are dropped off at their residences and return the vehicle to the transportation provider's base are not currently covered in the Non-Emergency Transportation line item. The Non-Emergency Transportation line item did not anticipate the number of PPECs, or the associated costs, when developed.

BUDGET SUMMARY: As a result of the increase in the services provided, as described above, and the associated costs for those services, we suggest an increase in the appropriated amount of \$10,572,840.75, or approximately 15% of the current line item, for a total of \$81,058,445.75. The 15% was estimated by taking approximately a 3% annual cost of living increase for the period of the previous contract (3 years) along with the 4% reduction the contract faced for FY 08-09 to get to 13% (3 years x 3% annual cost of living increase = 9% + 4% reduction = 13%). An additional 2% for the increase in the cost of gasoline (since some, but not all of the increase is covered in the cost of living increase) was added to get to 15%.

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Special Category:			
Patient Transportation (102387)			
General Revenue 1000 (FSI 2)	\$4,744,034	\$0	\$4,744,034
Medical Care Trust Fund 2474 (FSI 3)	\$5,828,807	\$0	\$5,828,807
Total	\$10,572,841	\$0	\$10,572,841
Total Issue			
General Revenue 1000 (FSI 2)	\$4,744,034	\$0	\$4,744,034
Medical Care Trust Fund 2474 (FSI 3)	\$5,828,807	\$0	\$5,828,807
Issue Total	\$10,572,841	\$0	\$10,572,841

SOURCE OF FUNDS:
 General Revenue (State 44.87%)
 Medical Care Trust Fund (Federal 55.13%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
PHYSICIAN SPECIALTY FEE INCREASE				4105230
SPECIAL CATEGORIES				100000
PHYSICIAN SERVICES				102541
GENERAL REVENUE FUND	-MATCH	15,226,499		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	18,641,481		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	168,460		2579 3
TOTAL APPRO.....		34,036,440		

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Physician Specialty Fee Increase

ISSUE SUMMARY: It is expected that this fee increase will benefit Medicaid beneficiaries by increasing the number of available providers.

ISSUE DETAIL: The Medicaid program is responsible for assuring that Medicaid beneficiaries have access to covered services. In some areas of the state, specialty physicians have expressed concerns that Medicaid reimbursement rates are too low, and therefore they either refuse to participate or refuse to accept additional Medicaid patients. As Florida Medicaid cannot require physicians to participate or accept additional Medicaid patients, an increase in reimbursement rate may encourage greater physician participation in Medicaid.

This proposal is to increase rates for dermatologists, neurologists, neurosurgeons, and orthopedic surgeons halfway to the Medicare rate. Based on current costs and utilization, this would require a forty per cent increase in reimbursement.

BUDGET SUMMARY: The following cost estimates were calculated by increasing the current fees halfway to the Medicare rate in fee for service and managed care.

Dermatology:	\$2,215,383
Neurology:	\$16,143,493
Neurosurgery:	\$4,926,961
Orthopedic Surgery:	\$10,750,603
Total	\$34,036,440

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

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
ENSURING ACCESS TO CARE							4100000
PHYSICIAN SPECIALTY FEE INCREASE							4105230

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Special Category:			
Physician Services (102541)			
General Revenue 1000 (FSI 2)	\$15,226,499	\$0	\$15,226,499
Medical Care Trust Fund 2474 (FSI 3)	\$18,641,481	\$0	\$18,641,481
Refugee Assistance Trust Fund 2579 (FSI 3)	\$168,460	\$0	\$168,460
Total	\$34,036,440	\$0	\$34,036,440
Total Issue			
General Revenue 1000 (FSI 2)	\$15,226,499	\$0	\$15,226,499
Medical Care Trust Fund 2474 (FSI 3)	\$18,641,481	\$0	\$18,641,481
Refugee Assistance Trust Fund 2579 (FSI 3)	\$168,460	\$0	\$168,460
Issue Total	\$34,036,440	\$0	\$34,036,440

SOURCE OF FUNDS:
 General Revenue (State 44.74%)
 Medical Care Trust Fund (Federal 54.77%)
 Refugee Assistance Trust Fund (Federal 0.49%)

DENTAL SERVICES FEE INCREASE	4106020
SPECIAL CATEGORIES	100000
ADULT DENTAL SERVICES	100903

GENERAL REVENUE FUND	-MATCH	1,502,224	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	1,845,725	2474	3
REFUGEE ASSISTANCE TF	-FEDERL	30,609	2579	3
TOTAL APPRO.....		3,378,558		

EARLY/PERIOD SCREEN/CHILD			101029	
GENERAL REVENUE FUND	-MATCH	5,639,811	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	6,929,415	2474	3
REFUGEE ASSISTANCE TF	-FEDERL	18,793	2579	3
TOTAL APPRO.....		12,588,019		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
ENSURING ACCESS TO CARE				4100000
DENTAL SERVICES FEE INCREASE				4106020
TOTAL: DENTAL SERVICES FEE INCREASE				4106020
TOTAL ISSUE.....	15,966,577			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Increase in Reimbursement for Dental Fees

ISSUE SUMMARY: The Agency understands that many dentists believe that Medicaid reimbursement for dental services is too low. Below is a chart comparing Florida's reimbursement rates for the 5 most frequently billed dental procedures to other states' reimbursement for the same procedures. This issue requests increased funding for Medicaid reimbursement of dental services. Since 1987, the Consumer Price Index has increased 94.7 percent; however, in the same time period, Medicaid dental providers' reimbursement rates have increased only 13.5 percent. In 1984 the Occupational Safety and Health Administration mandated infection-control procedures increasing the dental providers' overall operating costs by 80 percent.

A minimum of a 20 percent increase in dental fees would bring Florida up to the 25th percentile reimbursement range for the southeast region. We expect that this increase will be beneficial to Medicaid beneficiaries by increasing the number of available dental providers.

ISSUE DETAIL: Approximately 26 percent of licensed dentists in Florida are enrolled as providers in the Medicaid program. However, only 15 percent provide services to the Medicaid population. Less than 9 percent are considered significant providers, in that they treat 100 or more unduplicated beneficiaries in a year. During the past five years, the number of active Medicaid dental providers has declined 15 percent.

The progressive nature of dental diseases can significantly diminish the general health and quality of life for affected children and adults. Unchecked dental disease can lead to costly complications of diabetes, osteoporosis, heart disease, pregnancy, and respiratory problems.

Comparison of Florida's reimbursement rates of the five most frequently billed dental procedures to other states in the southeast region:

	Florida	Georgia	North Carolina	Tennessee	West Virginia
Periodic Oral Exam	\$15.00	\$22.77	\$23.07	\$24.00	\$20.00
Initial Comprehensive Exam	\$16.00	\$39.33	\$31.46	\$35.00	\$30.00
Panoramic X-ray	\$30.00	\$56.92	\$33.56	\$60.00	\$55.00
Prophylaxis (cleaning)-Child	\$14.00	\$32.08	\$21.62	\$35.00	\$30.00
Dental Sealant	\$13.00	\$27.94	\$26.22	\$28.00	\$24.00

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
ENSURING ACCESS TO CARE							4100000
DENTAL SERVICES FEE INCREASE							4106020

BUDGET SUMMARY: Although exact figures are not available, it is estimated that Medicaid dental fees in Florida are less than 40 percent of dentist's usual and customary dental fees. A minimum of a 20 percent increase in dental procedure reimbursement fees would bring Florida Medicaid up into the 25th percentile range of reimbursement rates for the southeast region. With an increase of 20 percent for FY 2009-10 (from \$14.48 to \$17.37 for children and from \$65.07 to \$78.09 for adults) and assuming a 2 percent increase in utilization (from 323,682 per month for children to 330,135 and from 19,367 per month for adults to 19,744), staff estimate it would cost Medicaid approximately \$15,966,577 to increase dental fees.

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

	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Special Category: Adult Dental Services (100903)			
General Revenue 1000 (FSI 2)	\$1,502,224	\$0	\$1,502,224
Medical Care Trust Fund 2474 (FSI 3)	\$1,845,725	\$0	\$1,845,725
Refugee Assistance Trust Fund 2579 (FSI 3)	\$30,609	\$0	\$30,609
Total	\$3,378,558	\$0	\$3,378,558

Special Category: Early and Periodic Screening of Children (101029)			
General Revenue 1000 (FSI 2)	\$5,639,811	\$0	\$5,639,811
Medical Care Trust Fund 2474 (FSI 3)	\$6,929,415	\$0	\$6,929,415
Refugee Assistance Trust Fund 2579 (FSI 3)	\$18,793	\$0	\$18,793
Total	\$12,588,019	\$0	\$12,588,019

Total Issue			
General Revenue 1000 (FSI 2)	\$7,142,035	\$0	\$7,142,035
Medical Care Trust Fund 2474 (FSI 3)	\$8,775,140	\$0	\$8,775,140
Refugee Assistance Trust Fund 2579 (FSI 3)	\$49,402	\$0	\$49,402
Issue Total	\$15,966,577	\$0	\$15,966,577

SOURCE OF FUNDS:
 General Revenue (State 44.73%)
 Medical Care Trust Fund (Federal 54.96%)
 Refugee Assistance Trust Fund (Federal 0.31%)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
<u>HEALTH AND HUMAN SERVICES</u>				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
CONTAINING HEALTH CARE COSTS				4200000
REIMBUREMENT FOR COLLECTION AND				
HANDLING OF BLOOD SPECIMENS AND				
CHILD HEALTH CHECK-UP PROVIDER FEES				4200600
SPECIAL CATEGORIES				100000
EARLY/PERIOD SCREEN/CHILD				101029
GENERAL REVENUE FUND	-MATCH	6,067,001		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	7,419,658		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	15,280		2579 3
TOTAL APPRO.....		13,501,939		
HOME & COMMUNITY BASED SVC				101554
GENERAL REVENUE FUND	-MATCH	109,223		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	134,197		2474 3
TOTAL APPRO.....		243,420		
PREPAID HEALTH PLANS				102673
GENERAL REVENUE FUND	-MATCH	3,697,990		1000 2
MEDICAL CARE TRUST FUND	-FEDERL	4,270,302		2474 3
REFUGEE ASSISTANCE TF	-FEDERL	64,311		2579 3
TOTAL APPRO.....		8,032,603		
TOTAL: REIMBUREMENT FOR COLLECTION AND				4200600
HANDLING OF BLOOD SPECIMENS AND				
CHILD HEALTH CHECK-UP PROVIDER FEES				
TOTAL ISSUE.....		21,777,962		

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Reimbursement for the Collection and Handling of Blood Specimens for Required Lead Testing and Child Health Care Check-up Provider Fees Increase

ISSUE SUMMARY: The Centers for Medicare and Medicaid Services (CMS) requires blood lead testing of Medicaid eligible

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
CONTAINING HEALTH CARE COSTS				4200000
REIMBURSEMENT FOR COLLECTION AND				
HANDLING OF BLOOD SPECIMENS AND				
CHILD HEALTH CHECK-UP PROVIDER FEES				4200600

children at 12 months and 24 months and between 36 and 72 months of age for children who have not been previously screened for lead poisoning. Section 381.985(2)(a), F.S., of the Lead Poisoning Prevention Screening and Education Act, requires blood lead testing of Medicaid eligible children.

The CHCUP service increases the early identification of medical conditions before they become serious and disabling; thereby decreasing future costly treatment services. The CHCUP participation rate (the number of children who had a check-up) is 68 percent. The CHCUP fee is tied to the comprehensive office visit, Procedure Code 99204 (\$71.59). This request proposes increasing the CHCUP fee by tying CHCUP to the most comprehensive office visit, Procedure Code 99205 (\$90.97) in order to meet the Agency's Long Range Performance Plan goal. In addition, the American Academy of Pediatrics is recommending that providers use a standardized developmental screening tool for children who may be at risk and periodically (at specific ages) for all children to ensure the early identification of developmental delay. Autism screening is now also recommended at ages 18 and 24 months of age. An increase in reimbursement may provide an incentive to ensure that providers use the standardized developmental screening tool.

ISSUE DETAIL: Child Health Check-Up (CHCUP) providers are not reimbursed for the collection and handling of lab specimens during a CHCUP visit. Medicaid eligible children are being referred to a laboratory for the required blood lead test. Lack of reimbursement is fragmenting care because many families do not follow through with the additional visit to a lab.

Increasing the CHCUP reimbursement may increase access to services, which may increase the early identification for medical conditions before they become serious and disabling; thereby decreasing future costly treatment services. Since 1995, provider reimbursement fees have increased by only a few dollars. In 1995, there was a fee increase from \$30 to \$64.82 and the CHCUP participation rate increased from 32 percent to 64 percent. While this increase in participation rates may not be solely due to the increased reimbursement rates, it is believed that increased reimbursements may increase provider participation. The Agency's Long Range Program Plan states that by 2009, the percentage of eligible children who receive a CHCUP should be at 80 percent.

BUDGET SUMMARY: This issue proposes a \$2 fee for the collection and handling of lab specimens for the federal and state required blood lead testing for an estimated 121,710 CHCUP providers during a CHCUP visit or other related office visit. Screening for blood lead can lead to effective early interventions, decreasing overall treatment costs later.

Estimated Number for FY 09-10	121,710
Cost per Blood Sample	\$2.00
Total Cost	\$243,420

Early & Periodic Screening of Children	FY 2009-10 Estimate	Increase	Amount
Screening Services per Month	47,760	50,148	
Screening Unit Cost	\$71.96	\$90.97	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
HEALTH AND HUMAN SERVICES				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
CONTAINING HEALTH CARE COSTS				4200000
REIMBURSEMENT FOR COLLECTION AND				
HANDLING OF BLOOD SPECIMENS AND				
CHILD HEALTH CHECK-UP PROVIDER FEES				4200600

	\$41,241,624	\$54,743,563	\$13,501,939
Prepaid Mental Health			
Caseload	839,027	839,027	
Unit Cost	\$199.01	\$199.81	
Total Cost	\$2,003,719,215	\$2,011,751,818	\$8,032,603
Total			\$21,534,542

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

Special Category:	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Home and Community Based Services (101554)			
General Revenue 1000 (FSI 2)	\$109,223	\$0	\$109,223
Medical Care Trust Fund 2474 (FSI 3)	\$134,197	\$0	\$134,197
Total	\$243,420	\$0	\$243,420

Special Category:	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Early and Periodic Screening of Children (101029)			
General Revenue 1000 (FSI 2)	\$6,067,001	\$0	\$6,067,001
Medical Care Trust Fund 2474 (FSI 3)	\$7,419,658	\$0	\$7,419,658
Refugee Assistance Trust Fund 2579 (FSI 3)	\$15,280	\$0	\$15,280
Total	\$13,501,939	\$0	\$13,501,939

Special Category:	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Prepaid Health Plans (102673)			
General Revenue 1000 (FSI 2)	\$3,697,990	\$0	\$3,697,990
Medical Care Trust Fund 2474 (FSI 3)	\$4,270,302	\$0	\$4,270,302
Refugee Assistance Trust Fund 2579 (FSI 3)	\$64,311	\$0	\$64,311
Total	\$8,032,603	\$0	\$8,032,603

Total Issue			
General Revenue 1000 (FSI 2)	\$9,874,214	\$0	\$9,874,214
Medical Care Trust Fund 2474 (FSI 3)	\$11,824,157	\$0	\$11,824,157
Refugee Assistance Trust Fund 2579 (FSI 3)	\$79,591	\$0	\$79,591
Issue Total	\$21,777,962	\$0	\$21,777,962

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID SERV/INDIVIDUALS</u>				68501400
<u>HEALTH AND HUMAN SERVICES</u>				13
<u>HEALTH SVCS/INDIVIDUALS</u>				<u>1301.00.00.00</u>
CONTAINING HEALTH CARE COSTS				4200000
REIMBURSEMENT FOR COLLECTION AND				
HANDLING OF BLOOD SPECIMENS AND				
CHILD HEALTH CHECK-UP PROVIDER FEES				4200600

SOURCE OF FUNDS:

General Revenue (State 45.34%)
 Medical Care Trust Fund (Federal 54.29%)
 Refugee Assistance Trust Fund (Federal 0.37%)

TOTAL: HEALTH SVCS/INDIVIDUALS				<u>1301.00.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND		3171,056,176		1000
TRUST FUNDS		7497,301,820		2000
		-----	-----	
TOTAL PROG COMP.....		10668,357,996		
		=====	=====	

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
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>
ESTIMATED EXPENDITURES							1000000
ESTIMATED EXPENDITURES - OPERATIONS							1001000
SPECIAL CATEGORIES							1000000
ASSISTIVE CARE SERVICES							100602
MEDICAL CARE TRUST FUND							2474 2
-MATCH	14,640,854						
-FEDERL	18,230,395						2474 3
TOTAL MEDICAL CARE TRUST FUND	32,871,249						2474
TOTAL APPRO.....	32,871,249						
HOME & COMMUNITY BASED SVC							101554
GENERAL REVENUE FUND							1000 2
-MATCH	17,959,392						
MEDICAL CARE TRUST FUND							2474 2
-MATCH	390,452,629						
-FEDERL	508,543,567						2474 3
TOTAL MEDICAL CARE TRUST FUND	898,996,196						2474
TOTAL APPRO.....	916,955,588						
ALF WAIVER							101557
MEDICAL CARE TRUST FUND							2474 2
-MATCH	15,662,763						
-FEDERL	19,502,847						2474 3
TOTAL MEDICAL CARE TRUST FUND	35,165,610						2474
TOTAL APPRO.....	35,165,610						
ICF/MR - SUNLAND CENTER							101644
MEDICAL CARE TRUST FUND							2474 2
-MATCH	43,199,797						
-FEDERL	53,791,216						2474 3
TOTAL MEDICAL CARE TRUST FUND	96,991,013						2474

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID LONG TERM CARE</u>				68501500
HEALTH AND HUMAN SERVICES				13
<u>LONG-TERM CARE</u>				<u>1303.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
ICF/MR - SUNLAND CENTER				101644
TOTAL APPRO.....	96,991,013			
ICF/DD COMMUNITY				101649
GENERAL REVENUE FUND -MATCH	106,955,235			1000 2
MEDICAL CARE TRUST FUND -FEDERL	133,177,758			2474 3
TOTAL APPRO.....	240,132,993			
NURSING HOME CARE				102233
GENERAL REVENUE FUND -MATCH	999,422,144			1000 2
GRANTS AND DONATIONS TF -MATCH	6,604,135			2339 2
MEDICAL CARE TRUST FUND -MATCH	13,500,000			2474 2
-FEDERL	1269,486,471			2474 3
TOTAL MEDICAL CARE TRUST FUND	1282,986,471			2474
TOTAL APPRO.....	2289,012,750			
ST MENTAL HEALTH HOSP PRG				103556
MEDICAL CARE TRUST FUND -MATCH	4,050,241			2474 2
-FEDERL	5,043,251			2474 3
TOTAL MEDICAL CARE TRUST FUND	9,093,492			2474
TOTAL APPRO.....	9,093,492			
MNTL HLTH HOSP DISPR SHARE				103559
MEDICAL CARE TRUST FUND -FEDERL	62,290,337			2474 3

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID LONG TERM CARE</u>				68501500
HEALTH AND HUMAN SERVICES				13
<u>LONG-TERM CARE</u>				<u>1303.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
TB HOSP DISPR SHARE				103602
MEDICAL CARE TRUST FUND -FEDERL	2,444,444			2474 3
=====				
COMM SUPP LIVING WAIVER				105440
MEDICAL CARE TRUST FUND -MATCH	33,207,901			2474 2
-FEDERL	41,349,577			2474 3

TOTAL MEDICAL CARE TRUST FUND	74,557,478			2474
=====				
TOTAL APPRO.....	74,557,478			
=====				
NURSNG HOME DIVRSN WAIVER				109970
GENERAL REVENUE FUND -MATCH	135,608,375			1000 2
TOBACCO SETTLEMENT TF -MATCH	991,995			2122 2
MEDICAL CARE TRUST FUND -FEDERL	169,772,831			2474 3

TOTAL APPRO.....	306,373,201			
=====				
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL ISSUE.....	4065,888,155			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HEALTH CARE SERVICES				68500000
<u>MEDICAID LONG TERM CARE</u>				68501500
HEALTH AND HUMAN SERVICES				13
<u>LONG-TERM CARE</u>				<u>1303.00.00.00</u>
NONRECURRING EXPENDITURES				2100000
RESTORE COVERAGE FOR THE MEDICAID				
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				2103110
SPECIAL CATEGORIES				100000
ASSISTIVE CARE SERVICES				100602
MEDICAL CARE TRUST FUND -MATCH	2,283,606-			2474 2
-FEDERL	2,843,485-			2474 3
TOTAL MEDICAL CARE TRUST FUND	5,127,091-			2474
TOTAL APPRO.....	5,127,091-			
NURSNG HOME DIVRSN WAIVER				109970
TOBACCO SETTLEMENT TF -MATCH	991,995-			2122 2
MEDICAL CARE TRUST FUND -FEDERL	1,235,205-			2474 3
TOTAL APPRO.....	2,227,200-			
TOTAL: RESTORE COVERAGE FOR THE MEDICAID				2103110
FOR THE AGED AND DISABLED PROGRAM				
WITH NONRECURRING FUNDS				
TOTAL ISSUE.....	7,354,291-			
ENSURING ACCESS TO CARE				4100000
SUPPLEMENTAL PAYMENT FOR MEDICALLY				
COMPLEX, TECHNOLOGICALLY DEPENDENT				
ADULTS IN NURSING FACILITIES				4102220
SPECIAL CATEGORIES				100000
NURSING HOME CARE				102233
GENERAL REVENUE FUND -MATCH	3,989,244			1000 2
MEDICAL CARE TRUST FUND -FEDERL	4,901,426			2474 3
TOTAL APPRO.....	8,890,670			

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQUEST	AGY REQ N/R	AGY REQUEST	AGY REQ N/R	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
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>
ENSURING ACCESS TO CARE						4100000
SUPPLEMENTAL PAYMENT FOR MEDICALLY						
COMPLEX, TECHNOLOGICALLY DEPENDENT						
ADULTS IN NURSING FACILITIES						4102220

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Supplemental Payment for Medically Complex, Technologically Dependent Adults in Nursing Facilities

ISSUE SUMMARY: This supplemental payment would not only ensure these beneficiaries receive the appropriate level of care, it would also allow Florida Medicaid beneficiaries to reside closer to their families and social support systems. Only nursing facilities that meet standards of care developed by the Department of Health (DOH) would be eligible for the proposed Medicaid supplemental payment for the care of medically complex, technologically dependent adults.

Medicaid currently provides supplemental funding to nursing facilities for medically complex children under the age of 21 who are often ventilator dependent patients. However, there is no Medicaid supplemental funding to nursing facilities for the care of medically complex, technologically dependent adults; most commonly, this type of individual is ventilator dependent. New technology is being introduced in the near future that will assist some individuals to be weaned off ventilators either permanently or periodically during the day, therefore increasing their ability to return home. This new technology may eliminate or reduce the amount of time an individual would need services in a nursing facility. However, there will always be some ventilator dependent adults that require care in a nursing facility.

ISSUE DETAIL: Currently, many ventilator dependent adults who are admitted to hospitals are unable to be discharged from the acute care setting and be placed in a nursing facility. Nursing facilities will not accept these individuals at the current funding rate, due to the fact that additional clinical staff is required to adequately care for these medically complex individuals, which significantly increases the cost of doing business for the nursing facility. Therefore, these medically complex adults are forced to remain in a hospital setting sometimes for years, due to the lack of placement options. As a result, hospitals absorb costs (reflected in their cost reports to Medicaid) in excess of one million dollars annually for each ventilator dependent patient. Hospitals are sometimes able to establish agreements with their local nursing facilities, which allow the hospital to assist the nursing facility in the support of these patients. To do this, however, patients sometimes are placed in facilities far from their homes, which present a hardship on the patients and their families. In addition, each year these circumstances result in placements of technologically dependent adult Medicaid beneficiaries in nursing facilities outside of the State of Florida.

The recommended solution is to provide a supplemental payment to nursing facilities willing to serve adults who are medically complex, technologically dependent and require that these nursing facilities meet specific standards in order to be eligible to receive this supplemental rate. It is also recommended that the amount of the Medicaid supplemental rate paid to nursing facilities for the care of medically complex, technologically dependent adults be the same amount as the supplemental rate paid to nursing facilities for the care of medically complex children under the age of 21. This will result in more beneficiaries placed in more appropriate level of care in a less costly setting, and will allow Florida Medicaid beneficiaries to reside closer to their families and social support systems.

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ ANZ	AGY REQ ANZ	AGY REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT		
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>
ENSURING ACCESS TO CARE							4100000
SUPPLEMENTAL PAYMENT FOR MEDICALLY COMPLEX, TECHNOLOGICALLY DEPENDENT ADULTS IN NURSING FACILITIES							4102220

The Department of Health (DOH) has developed standards of care for individuals who are ventilator dependent. DOH implemented a pilot project in February 2008 that uses these standards of care. With specialized medical care, some ventilator dependent patients can be partially or fully rehabilitated to the point they can return to the community and eventually to the work force. This specialized medical care for ventilator dependent patients is currently not available in most nursing homes.

BUDGET SUMMARY: The supplemental rate for medically complex, technologically dependent adults of \$243.58 per day is based on the (calendar year 2008) Medicaid supplemental rate that is paid for medically fragile (often ventilator dependent) patients under the age of 21. It is the average of the January 2008 and July 2008 supplemental rate.

Estimated Beneficiaries	Days Per Year	Per Diem Supplement	Total
100	365	\$243.58	\$8,890,670

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

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Nursing Home Services (102233)			
General Revenue 1000 (FSI 2)	\$3,989,244	\$0	\$3,989,244
Medical Care Trust Fund 2474 (FSI 3)	\$4,901,426	\$0	\$4,901,426
Total	\$8,890,670	\$0	\$8,890,670
Total Issue			
General Revenue 1000 (FSI 2)	\$3,989,244	\$0	\$3,989,244
Medical Care Trust Fund 2474 (FSI 3)	\$4,901,426	\$0	\$4,901,426
Issue Total	\$8,890,670	\$0	\$8,890,670

SOURCE OF FUNDS:
 General Revenue (State 44.87%)
 Medical Care Trust Fund (Federal 55.13%)

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
TOTAL: LONG-TERM CARE							<u>1303.00.00.00</u>
BY FUND TYPE							
GENERAL REVENUE FUND	1263,934,390						1000
TRUST FUNDS	2803,490,144						2000
TOTAL PROG COMP.....	4067,424,534						
	=====		=====		=====		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	24,915,883			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND				
-STATE	816,649			1000 1
-MATCH	572,297			1000 2
TOTAL GENERAL REVENUE FUND	1,388,946			1000
=====				
HEALTH CARE TRUST FUND				
-STATE	15,556,077			2003 1
-MATCH	1,589,655			2003 2
-FEDERL	14,160,210			2003 3
TOTAL HEALTH CARE TRUST FUND	31,305,942			2003
=====				
TOTAL POSITIONS.....	583.00			
TOTAL APPRO.....	32,694,888			
=====				
OTHER PERSONAL SERVICES				030000
HEALTH CARE TRUST FUND				
-STATE	50,708			2003 1
=====				
EXPENSES				040000
GENERAL REVENUE FUND				
-STATE	93,999			1000 1
-MATCH	83,335			1000 2
TOTAL GENERAL REVENUE FUND	177,334			1000
=====				
HEALTH CARE TRUST FUND				
-STATE	3,812,295			2003 1
-MATCH	378,649			2003 2
-FEDERL	1,823,974			2003 3
TOTAL HEALTH CARE TRUST FUND	6,014,918			2003
=====				
TOTAL APPRO.....	6,192,252			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
OPERATING CAPITAL OUTLAY				060000
GENERAL REVENUE FUND	-STATE	18,520		1000 1
	-MATCH	3,383		1000 2
TOTAL GENERAL REVENUE FUND		21,903		1000
HEALTH CARE TRUST FUND	-MATCH	3,350		2003 2
	-FEDERL	51,134		2003 3
TOTAL HEALTH CARE TRUST FUND		54,484		2003
TOTAL APPRO.....		76,387		
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND	-STATE	1,369		1000 1
	-MATCH	30,650		1000 2
TOTAL GENERAL REVENUE FUND		32,019		1000
HEALTH CARE TRUST FUND	-STATE	734,116		2003 1
	-MATCH	4,013		2003 2
	-FEDERL	963,044		2003 3
TOTAL HEALTH CARE TRUST FUND		1,701,173		2003
QUALITY LONG-TERM CARE TF	-FEDERL	1,000,000		2126 3
TOTAL APPRO.....		2,733,192		
EMERG ALTERNATIVE PLCMNT				101113
HEALTH CARE TRUST FUND	-STATE	1,276,720		2003 1

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
MEDICAID SURVEILLANCE				102100
HEALTH CARE TRUST FUND -STATE	98,385			2003 1
=====				
RISK MANAGEMENT INSURANCE				103241
HEALTH CARE TRUST FUND -STATE	191,690			2003 1
-MATCH	32,514			2003 2
-FEDERL	170,128			2003 3

TOTAL HEALTH CARE TRUST FUND	394,332			2003
=====				
TOTAL APPRO.....	394,332			
=====				
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -STATE	8,082			1000 1
-MATCH	4,719			1000 2

TOTAL GENERAL REVENUE FUND	12,801			1000
=====				
HEALTH CARE TRUST FUND -STATE	113,930			2003 1
-MATCH	12,652			2003 2
-FEDERL	92,875			2003 3

TOTAL HEALTH CARE TRUST FUND	219,457			2003
=====				
TOTAL APPRO.....	232,258			
=====				
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL POSITIONS.....	583.00			
TOTAL ISSUE.....	43,749,122			
TOTAL SALARY RATE.....	24,915,883			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
ESTIMATED EXPENDITURES				1000000
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				
FISCAL YEAR 2008-09				1001800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-STATE	2,172		1000 1
GENERAL REVENUE FUND	-MATCH	1,522		1000 2
TOTAL GENERAL REVENUE FUND		3,694		1000
HEALTH CARE TRUST FUND	-STATE	41,347		2003 1
HEALTH CARE TRUST FUND	-MATCH	4,227		2003 2
HEALTH CARE TRUST FUND	-FEDERL	37,636		2003 3
TOTAL HEALTH CARE TRUST FUND		83,210		2003
TOTAL APPRO.....		86,904		
ADJUSTMENT TO STATE LIFE AND				
DISABILITY INSURANCE CONTRIBUTION				
RATES - FISCAL YEAR 2008-09				1001910
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-STATE	265-		1000 1
GENERAL REVENUE FUND	-MATCH	186-		1000 2
TOTAL GENERAL REVENUE FUND		451-		1000
HEALTH CARE TRUST FUND	-STATE	5,043-		2003 1
HEALTH CARE TRUST FUND	-MATCH	516-		2003 2
HEALTH CARE TRUST FUND	-FEDERL	4,591-		2003 3
TOTAL HEALTH CARE TRUST FUND		10,150-		2003
TOTAL APPRO.....		10,601-		

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HLTH CARE REGULATION							68700000
HEALTH CARE REGULATION							68700700
PUBLIC PROTECTION							12
FACILITY REGULATION							<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS							1800000
TRANSFER POSITIONS FROM HEALTH CARE REGULATION TO THE FLORIDA CENTER FOR ADVERSE INCIDENT REPORTS - DEDUCT							1801080
SALARY RATE							000000
SALARY RATE.....	106,163-						
=====							
SALARIES AND BENEFITS							010000
HEALTH CARE TRUST FUND							2003 1
-STATE	72,284-						2003 2
-MATCH	7,086-						2003 3
-FEDERL	62,361-						

TOTAL HEALTH CARE TRUST FUND	141,731-						2003
=====							
TOTAL POSITIONS.....	2.00-						
TOTAL APPRO.....	141,731-						
=====							
EXPENSES							040000
HEALTH CARE TRUST FUND							2003 1
-STATE	11,781-						2003 2
-MATCH	1,155-						2003 3
-FEDERL	10,164-						

TOTAL HEALTH CARE TRUST FUND	23,100-						2003
=====							
TOTAL APPRO.....	23,100-						
=====							
SPECIAL CATEGORIES							100000
TR/DMS/HR SVCS/STW CONTRCT							107040
HEALTH CARE TRUST FUND							2003 1
-STATE	406-						2003 2
-MATCH	40-						2003 3
-FEDERL	350-						

TOTAL HEALTH CARE TRUST FUND	796-						2003
=====							
TOTAL APPRO.....	796-						
=====							

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>FACILITY REGULATION</u>				<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITIONS FROM HEALTH CARE REGULATION TO THE FLORIDA CENTER FOR ADVERSE INCIDENT REPORTS - DEDUCT				1801080
TOTAL: TRANSFER POSITIONS FROM HEALTH CARE REGULATION TO THE FLORIDA CENTER FOR ADVERSE INCIDENT REPORTS - DEDUCT				1801080
TOTAL POSITIONS.....	2.00-			
TOTAL ISSUE.....		165,627-		
TOTAL SALARY RATE.....	106,163-			

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Transfer Positions from Health Care Regulation to the Florida Center for Adverse Incident Reports - Deduct

ISSUE SUMMARY: The Agency is transferring two positions from the Division of Health Care Regulation to the Florida Center for Health Information and Policy Analysis. This transfer is consistent with the Agency's direction to use the analysis of incident reports as a means to improve patient safety rather than a regulatory/punitive action.

Florida Statutes require hospitals, ambulatory surgical centers, nursing homes and assisted living facilities report adverse incidents to the Agency. Adverse incidents reported by the hospital and ambulatory surgical centers are currently reviewed, analyzed and data entered by the Florida Center for Health Information and Policy Analysis. Adverse incidents reported by nursing homes and assisted living facilities are reviewed and analyzed by a Nurse Consultant and data entered by a Regulatory Specialist II in the Division of Health Quality Assurance Central Systems Management Unit. The transfer of the Nurse Consultant and Regulatory Specialist II from Health Quality Assurance to the Florida Center for Health Information and Policy Analysis would consolidate the dual adverse incident review process and allow the Nurse Consultant to be used to also track trends of adverse incidents from all reporting facilities as part of an overall risk analysis. This information may then be made available to the public and to reporting facilities as a tool to identify and correct systematic problems and improve patient outcomes.

ISSUE DETAIL: Consolidating the required adverse incident reporting of hospitals, ambulatory surgical centers, nursing homes and assisted living facilities will provide a consistent reporting mechanism, analytical review and tracking system for all reported incidents. Trends and systematic issues may be identified and shared with reporting facilities and others creating a course of improving patient safety rather than imposing a regulatory action.

BUDGET SUMMARY: The transfer of two FTEs from Health Quality Assurance to the Florida Center for Health Information and Policy Analysis requires no additional funding or costs. The following is the amount to be transferred:

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HLTH CARE REGULATION							68700000
HEALTH CARE REGULATION							68700700
PUBLIC PROTECTION							12
FACILITY REGULATION							<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS							1800000
TRANSFER POSITIONS FROM HEALTH CARE REGULATION TO THE FLORIDA CENTER FOR ADVERSE INCIDENT REPORTS - DEDUCT							1801080

Transfer Positions 64664 and 64665.

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Reg. Nurse Consultant	5312	079	(1.00)	(\$77,411)	(\$99,505)	(\$11,550)			(\$398)	(\$111,453)
Reg. Spec. II	0441	017	(1.00)	(\$28,752)	(\$42,226)	(\$11,550)			(\$398)	(\$54,174)
Total			(2.00)	(\$106,163)	(\$141,731)	(\$23,100)			(\$796)	(\$165,627)

FY 2009-10	Recurring FY 2009-10	Non Recurring FY 2009-10	Total FY 2009-10
Salaries and Benefits (010000)			
(2003-1) Health Care Trust Fund (51%)	(\$72,284)		(\$72,284)
(2003-1) Health Care Trust Fund (05%)	(\$7,086)		(\$7,086)
(2003-1) Health Care Trust Fund (44%)	(\$62,361)		(\$62,361)
Total	(\$141,731)		(\$141,731)
Expenses (040000)			
(2003-1) Health Care Trust Fund (51%)	(\$11,781)		(\$11,781)
(2003-1) Health Care Trust Fund (05%)	(\$1,155)		(\$1,155)
(2003-1) Health Care Trust Fund (44%)	(\$10,164)		(\$10,164)
Total	(\$23,100)		(\$23,100)
HR Services (107040)			
(2003-1) Health Care Trust Fund (51%)	(\$406)		(\$406)
(2003-1) Health Care Trust Fund (05%)	(\$40)		(\$40)
(2003-1) Health Care Trust Fund (44%)	(\$350)		(\$350)
Total	(\$796)		(\$796)
Budget Entity 68700700 Total	(165,627)		(165,627)

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITIONS FROM HEALTH				
CARE REGULATION TO THE FLORIDA				
CENTER FOR ADVERSE INCIDENT				
REPORTS - DEDUCT				1801080

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

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
0441 REGULATORY SPECIALIST II							
64665 001	1.00-	28,752-		13,474-	42,226-	0.00	42,226-
5312 REGISTERED NURSING CONSULTANT							
64664 001	1.00-	77,411-		22,094-	99,505-	0.00	99,505-
TOTALS FOR ISSUE BY FUND							
2003 HEALTH CARE TRUST FUND							141,731-
	2.00-	106,163-		35,568-	141,731-		141,731-

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM HEALTH CARE				
REGULATION TO MANAGED HEALTH CARE -				
DEDUCT				1801140
SALARY RATE				000000
SALARY RATE.....	34,634-			
=====				
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE	1.00-	49,149-		2003 1
=====				
EXPENSES				040000
HEALTH CARE TRUST FUND -STATE		11,320-		2003 1
=====				
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
HEALTH CARE TRUST FUND -STATE		398-		2003 1
=====				
TOTAL: TRANSFER POSITION FROM HEALTH CARE				1801140
REGULATION TO MANAGED HEALTH CARE -				
DEDUCT				
TOTAL POSITIONS.....	1.00-			
TOTAL ISSUE.....		60,867-		
TOTAL SALARY RATE.....	34,634-			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Transfer Position From Health Care Regulation To Managed Health Care - Deduct

ISSUE SUMMARY: This issue would transfer one position in Health Care Regulation from the Bureau of Field Operations to the Bureau of Managed Health Care.

ISSUE DETAIL: The duties and responsibilities of this position will include assisting in the implementation, contract management, monitoring, program evaluation, program assessment, and the submission of all annual reports to the Governor, the President of the Senate, and the Speaker of the House for the Cover Florida Health Care Access Program. It is the intent of the Legislature to expand the availability of health care options for the uninsured residents by the developing

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>FACILITY REGULATION</u>				<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM HEALTH CARE				
REGULATION TO MANAGED HEALTH CARE -				
DEDUCT				1801140

an affordable health care product that emphasizes coverage for basic and preventive health care services; provides inpatient hospital, urgent, and emergency care services; and is offered statewide by approved health insurers, health maintenance organizations, health-care-provider-sponsored organization, or health care districts. The Agency for Health Care Administration and the Office of Insurance Regulation shall jointly establish and administer the Cover Florida Health Care Access Program. The Agency for Health Care Administration is responsible for the program evaluation and program management. Duties and responsibilities for this position have been changed due to the additional functions and priorities assigned to the Bureau of Managed Health Care. Specifically, the position will be responsible for the implementation, contract management, monitoring, program evaluation, and program assessment for the Cover Florida Health Care Access Program.

BUDGET SUMMARY: The transfer of one FTE from Bureau of Field Operations, Health Quality Assurance to the Bureau of Managed Health Care, Health Quality Assurance requires no additional funding or costs. The following is the amount to be transferred:

Transfer Position 64649.

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Gov't Ops Consultant I	2234	021	(1.00)	(\$34,634)	(\$49,149)	(\$11,320)			(\$398)	(\$60,867)
FY 2009-10										
Salaries and Benefits (010000)										
Health Care Trust Fund (2003-1)					(\$49,149)				(\$49,149)	
Expenses (040000)										
Health Care Trust Fund (2003-1)					(\$11,320)				(11,320)	
HR Services (107040)										
Health Care Trust Fund (2003-1)						(\$398)			(\$398)	
Total						(\$60,867)			(\$60,867)	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM HEALTH CARE				
REGULATION TO MANAGED HEALTH CARE -				
DEDUCT				1801140

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
2234 GOVERNMENT OPERATIONS CONSULTANT I							
64649 001	1.00-	34,634-		14,515-	49,149-	0.00	49,149-
TOTALS FOR ISSUE BY FUND							
2003 HEALTH CARE TRUST FUND							49,149-
	1.00-	34,634-		14,515-	49,149-		49,149-

ANNUALIZATION OF ADMINISTERED FUNDS APPROPRIATIONS					26A0000
STATE HEALTH INSURANCE PREMIUM CONTRIBUTION - 10 MONTHS					
ANNUALIZATION					26A1800
SALARIES AND BENEFITS					010000
GENERAL REVENUE FUND	-STATE	10,860			1000 1
	-MATCH	7,610			1000 2
TOTAL GENERAL REVENUE FUND		18,470			1000
HEALTH CARE TRUST FUND	-STATE	206,735			2003 1
	-MATCH	21,135			2003 2
	-FEDERL	188,180			2003 3
TOTAL HEALTH CARE TRUST FUND		416,050			2003

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HLTH CARE REGULATION							68700000
HEALTH CARE REGULATION							68700700
PUBLIC PROTECTION							12
FACILITY REGULATION							<u>1204.01.00.00</u>
ANNUALIZATION OF ADMINISTERED FUNDS APPROPRIATIONS							26A0000
STATE HEALTH INSURANCE PREMIUM CONTRIBUTION - 10 MONTHS ANNUALIZATION							26A1800
SALARIES AND BENEFITS							010000
TOTAL APPRO.....			434,520				
=====							
LIFE AND DISABILITY INSURANCE REDUCTION - 6 MONTHS ANNUALIZATION SALARIES AND BENEFITS							26A2000
							010000
GENERAL REVENUE FUND							1000 1
-STATE			265-				1000 2
-MATCH			186-				
TOTAL GENERAL REVENUE FUND			451-				1000
=====							
HEALTH CARE TRUST FUND							2003 1
-STATE			5,043-				2003 2
-MATCH			516-				2003 3
-FEDERL			4,591-				
TOTAL HEALTH CARE TRUST FUND			10,150-				2003
=====							
TOTAL APPRO.....			10,601-				
=====							
WORKLOAD							3000000
COMPLAINT CALL CENTER CONTRACT REDESIGN AND RENEGOTIATION							3001600
SPECIAL CATEGORIES							100000
CONTRACTED SERVICES							100777
GENERAL REVENUE FUND							1000 2
-MATCH			3,151				
HEALTH CARE TRUST FUND							2003 1
-STATE			87,190				2003 3
-FEDERL			14,707				
TOTAL HEALTH CARE TRUST FUND			101,897				2003
=====							
TOTAL APPRO.....			105,048				
=====							

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HLTH CARE REGULATION						68700000
HEALTH CARE REGULATION						68700700
PUBLIC PROTECTION						12
FACILITY REGULATION						1204.01.00.00
WORKLOAD						3000000
COMPLAINT CALL CENTER CONTRACT						
REDESIGN AND RENEGOTIATION						3001600

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Complaint Call Center Contract Redesign and Renegotiation

ISSUE SUMMARY: The Agency contracts with an outside entity to provide a system whereby consumers can contact the Agency to file complaints against health care facilities, health maintenance organizations, health care practitioners and to report concerns regarding health care provider Medicaid fraud and abuse. Both state and federal regulations require that the Agency for Health Care Administration (Agency) take complaints from health care consumers and other interested parties. For the past six years the Agency has contracted with an outside entity to provide a call center which handles the majority of the telephoned complaints. The original contract was for three years and has been extended for an additional three years. The contract must be renegotiated in 2009-2010 to provide continuity of services.

ISSUE DETAIL: The present contract rate is \$1,050,482.40. The contractor provides the complaint system for health care facilities, the complaint system for health care practitioners (Department of Health), complaints for health maintenance organizations, complaints for Medicaid Program Integrity and informational issues for the Medicaid Program. The Agency is requesting a 10% increase to allow the new contractor to hire and retain staff that is more qualified, having health care backgrounds.

BUDGET SUMMARY: The estimated cost to the Division of Health Quality Assurance for FY 2009-10 is calculated as follows:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
							\$105,048		\$105,048
Health Care Regulation (68700700)									
Facility Regulation (1204010000)									
FY 2009-10									
Contracted Services (100777)									
General Revenue (1000-2)					\$3,151				\$3,151
Health Care Trust Fund (2003-1)					\$87,190				\$87,190
Health Care Trust Fund (2003-3)					\$14,707				\$14,707
Total					\$105,048				\$105,048

SOURCE OF FUNDS:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
WORKLOAD				3000000
COMPLAINT CALL CENTER CONTRACT				
REDESIGN AND RENEGOTIATION				3001600
General Revenue (1000-2) (3%)				
Health Care Trust Fund (2003-1) (83%)				
Health Care Trust Fund (2003-3) (14%)				

NURSING SURVEY STAFF RATE				
INCREASE				3007A10
SALARY RATE				000000
SALARY RATE.....		1,708,337		
=====				
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND				
-STATE		871,252		2003 1
-MATCH		85,417		2003 2
-FEDERL		751,668		2003 3

TOTAL HEALTH CARE TRUST FUND		1,708,337		2003
=====				
TOTAL APPRO.....		1,708,337		
=====				
TOTAL: NURSING SURVEY STAFF RATE				3007A10
INCREASE				
TOTAL ISSUE.....		1,708,337		
TOTAL SALARY RATE.....		1,708,337		
=====				

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Nursing Survey Staff Rate Increase

ISSUE SUMMARY: The Agency for Health Care Administration, Bureau of Field Operations is responsible for the survey and certification of health care facilities. Surveyors must be available to conduct surveys and complaint investigations twenty four hours daily and seven days weekly. The Agency is required under contract with the Centers for Medicare and Medicaid services to conduct a certain number of surveys during "off hours" which includes early morning, late evening, weekends and or holidays. In addition, complaint investigations must be conducted at times most likely to demonstrate facility operations which are dependent on the specific allegations and could be any hour of the day and any day of the

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>FACILITY REGULATION</u>				<u>1204.01.00.00</u>
WORKLOAD				3000000
NURSING SURVEY STAFF RATE				
INCREASE				3007A10

week, including holidays. Of the 271 FTE that perform facility surveys in this bureau, 142 are Registered Nurse Specialists (nurse surveyors) and 18 are Registered Nurse Consultants (nurse surveyor supervisors). Certain functions of the survey process require nursing staff including evaluation of patients' conditions. Recruitment of survey staff has historically been challenging given the demands of the job. Recruitment and retention of nurse survey staff has proven nearly impossible given competition with the health care industry for these medical professionals. A primary reason for staff separations in this category is salary coupled with the travel involved with the survey function and the fact that the job functions on a 24/7 basis. In a recent report obtained by the Department of Management Services, it was noted that in the nurse surveyor (Registered Nurse Specialist) position, the Agency has experienced over a 48% turnover over the three year period since FY 2005-06. During this same period, the turnover rate has been as high as 152% in certain offices.

ISSUE DETAIL: A recent review of surveyor salaries in the US has indicated that the starting surveyor salary in Florida is among the lowest in the nation; the disparity of starting surveyor salaries between Florida and other states is as much as \$40,000. The average salary for existing nurses in Florida facilities is \$60,000 and higher depending on experience and location, while the average nurse surveyor salary is only approximately \$43,700 annually. In addition, the median salary for contract nurses in the hospital setting is \$45 per hour (over \$93,000 annually). Private sector benefits, including salaries and bonuses have surpassed what is available through the current state agency staffing/rate scheme. To address the nursing shortage in Florida, hospital providers (the primary employers of nurses) offer competitive salaries described above and offer sign-on bonuses of \$1,000 to \$9,000. Agency staff are clearly prime candidates for facility positions since they not only possess clinical credentials and skills but also have regulatory expertise and can provide guidance to providers regarding regulatory compliance. Furthermore, staff are required to complete comprehensive training which, when they leave the Agency represents an expenditure that is not recoverable. Survey staff receive offers from health care providers that are often well more than, and even double, their current surveyor salaries.

ISSUE DETAIL: It is imperative that the Agency competitively recruit qualified nursing staff to conduct health care surveys; once these staff are recruited and trained, it is critical that these staff are retained. Vacant nurse surveyor positions represent a loss of survey productivity designed to protect Floridians. Failure to complete workload assignments can result in federal penalties and represent a reduction in protection designed for vulnerable Floridians.

Generally, salary adjustments can be accomplished utilizing available rate allocations. However, the nurse surveyor salaries have shifted exponentially in recent years due to overall nursing shortages that go beyond what current budget allowances provide. Allocations should be approved to increase the vacant nurse survey positions' salary to a minimum of \$52,500. Current nurse survey staff salaries would be increased to 5% above the new "minimum" or 5% above their current salary whichever is greater. In addition, increases are warranted for Registered Nursing Consultants. We propose to increase vacant RNC salaries to \$55,000 or, for existing staff, an increase of 7% above current salaries, whichever is greater. This funding will better address recruitment of new staff and retention of current nurse survey staff.

BUDGET SUMMARY: The estimated cost to the Division of Health Quality Assurance for FY 2009-10 is calculated as follows:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
WORKLOAD				3000000
NURSING SURVEY STAFF RATE				
INCREASE				3007A10

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Registered Nurse Specialist	5294	75	142	\$1,592,182	\$1,592,182				\$1,592,182
Registered Nurse Consultant	5312	79	18	\$116,155	\$116,155				\$116,155
Total			160	\$1,708,337	\$1,708,337				\$1,708,337

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

FY 09-10	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Salaries and Benefits (010000)			
Health Care Trust Fund (2003-1)	\$871,252		\$871,252
Health Care Trust Fund (2003-2)	\$85,417		\$85,417
Health Care Trust Fund (2003-3)	\$751,668		\$751,668
Issue Total	\$1,708,337		\$1,708,337

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

POSITION DETAIL OF SALARIES AND BENEFITS:

FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10						
CHANGES TO CURRENTLY AUTHORIZED POSITIONS						
RA00 RATE AND SALARY ADJ - NO FTE/BENEFITS						
C1001 001	0.00	1,708,337		1,708,337	0.00	1,708,337

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
WORKLOAD				3000000
NURSING SURVEY STAFF RATE				
INCREASE				3007A10

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
TOTALS FOR ISSUE BY FUND							
2003 HEALTH CARE TRUST FUND							1,708,337
	0.00	1,708,337			1,708,337		1,708,337

COMPLAINT INVESTIGATION							
TEAM STAFFING INCREASE							3007A20
SALARY RATE							000000
SALARY RATE.....	477,470						
SALARIES AND BENEFITS							010000
HEALTH CARE TRUST FUND							
-STATE	325,112						2003 1
-MATCH	31,873						2003 2
-FEDERL	280,487						2003 3
TOTAL HEALTH CARE TRUST FUND	637,472						2003
TOTAL POSITIONS.....	9.00						
TOTAL APPRO.....	637,472						

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
WORKLOAD				3000000
COMPLAINT INVESTIGATION				
TEAM STAFFING INCREASE				3007A20
EXPENSES				040000
HEALTH CARE TRUST FUND				
-STATE	65,729	13,770		2003 1
-MATCH	6,444	1,350		2003 2
-FEDERL	56,707	11,880		2003 3
TOTAL HEALTH CARE TRUST FUND	128,880	27,000		2003
TOTAL APPRO.....	128,880	27,000		
OPERATING CAPITAL OUTLAY				060000
HEALTH CARE TRUST FUND				
-STATE	6,426	6,426		2003 1
-MATCH	630	630		2003 2
-FEDERL	5,544	5,544		2003 3
TOTAL HEALTH CARE TRUST FUND	12,600	12,600		2003
TOTAL APPRO.....	12,600	12,600		
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
HEALTH CARE TRUST FUND				
-STATE	1,827			2003 1
-MATCH	179			2003 2
-FEDERL	1,576			2003 3
TOTAL HEALTH CARE TRUST FUND	3,582			2003
TOTAL APPRO.....	3,582			
TOTAL: COMPLAINT INVESTIGATION				3007A20
TEAM STAFFING INCREASE				
TOTAL POSITIONS.....	9.00			
TOTAL ISSUE.....		782,534	39,600	
TOTAL SALARY RATE.....	477,470			

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				<u>1204.01.00.00</u>
WORKLOAD				3000000
COMPLAINT INVESTIGATION				
TEAM STAFFING INCREASE				3007A20

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Complaint Investigations Team Staffing Increase

ISSUE SUMMARY: The health care facilities' complaint investigation workload continues to increase statewide. In CY 2007, HQA staff investigated over 5,800 complaints, which represents a 24% increase over 2003 when positions were last allocated by the legislature. The obligation for the Agency to timely investigate and follow-up on consumer health care complaints is critical and often high profile involving the media and the judicial system. In addition, the Agency is under scrutiny by the Centers for Medicare and Medicaid Services (CMS) to timely investigate and report allegations of noncompliance. Failure to meet the mandates of the federal CMS budget agreement could result in loss of Federal Financial Participation. Complaint investigations are unplanned to the extent that the consumer contacts the Agency to report a violation; the allegations are triaged by AHCA staff and survey staff members are assigned by their local offices to complete the required investigation. These investigations are completed at a cost to routine survey workload completion which is also monitored by CMS regarding our federal obligations as well as by those responsible for oversight of our Legislative mandates. Over time, the survey workload attributed to complaint investigations has outstripped survey staffing levels. In particular, hospital complaints have increased almost 90% since 2003 alone. This request would establish rapid response complaint investigation staff to assist with complaint investigations in each office; the team would be supplemented by existing staff as necessary. The distribution of Registered Nurse Specialist (RNS) surveyor positions would be one in each of the eight field Health Quality Assurance Field Offices with one additional RNS position in the St. Petersburg office to accommodate the inordinately high volume there. Reflected in the salary request is provision for funding the RNS positions at \$52,500 plus the Competitive Area Differential (CAD) for the Registered Nurse Specialists in the Dade and Palm Beach areas to assist with recruitment.

ISSUE DETAIL: This request would establish rapid response complaint investigation staff to assist with complaint investigations in each office; the team would be supplemented by existing staff as necessary. The distribution of Registered Nurse Specialist (RNS) surveyor positions would be one in each of the eight field Health Quality Assurance Field Offices with one additional RNS position in the St. Petersburg office to accommodate the inordinately high volume there for a total of 9 FTE at the RNS level. Reflected in the salary request is provision for funding the RNS positions at \$52,500 plus the Competitive Area Differential (CAD) for the Registered Nurse Specialists in the Dade and Palm Beach areas to assist with recruitment. With the continuous growth in the volume of complaints that must be investigated, Agency staff continues to experience difficulty in completing routine workload. Complaint investigations must be completed timely to effectively protect the Floridian in facilities regulated by the Agency. In addition, routine work must be completed timely to adequately provide for availability of health care services and to ensure those services meet required state and federal operational guidelines. Federal mandates require survey and complaint work to be completed within specific timeframes. Failure to meet required federal timeframes and the mandates of the federal CMS budget agreement could result in loss of Federal Financial Participation.

BUDGET SUMMARY:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
WORKLOAD				3000000
COMPLAINT INVESTIGATION				
TEAM STAFFING INCREASE				3007A20

The estimated cost to the Health Quality Assurance Division in FY 2009-2010 is as follows:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
RNS Surveyor	5294	075	7.0	\$367,500	\$491,260	\$100,240	\$9,800	0	\$2,786	\$584,482
RNS Surveyor (CAD)	5294	075	2.0	\$105,000	\$146,212	\$ 28,640	\$2,800	0	\$ 796	\$169,927
Total			9.0	\$472,500	\$637,472	\$128,880	\$12,600	0	\$3,582	\$754,409

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

FY 09-10	Recurring FY 2009-10	Non Recurring FY 2009-10	Total FY 2009-10
Salaries and Benefits (010000)			
Health Care Trust Fund (2003-1) (51%)	\$325,112		\$325,112
Health Care Trust Fund (2003-2) (5%)	\$31,873		\$31,873
Health Care Trust Fund (2003-3) (44%)	\$280,487		\$280,487
Total	\$637,472		\$637,472
Expenses (040000)			
Health Care Trust Fund (2003-1) (51%)	\$51,959	\$13,770	\$65,729
Health Care Trust Fund (2003-2) (5%)	\$5,094	\$1,350	\$6,444
Health Care Trust Fund (2003-3) (44%)	\$44,827	\$11,880	\$56,707
Total	\$101,880	\$27,000	\$128,880
Operating Capital Outlay (060000)			
Health Care Trust Fund (2003-1) (51%)		\$6,426	\$6,426
Health Care Trust Fund (2003-2) (5%)		\$630	\$630
Health Care Trust Fund (2003-3) (44%)		\$5,544	\$5,544
Total		\$12,600	\$12,600
Human Resources Services (107040)			
Health Care Trust Fund (2003-1) (51%)	\$1,827		\$1,827
Health Care Trust Fund (2003-2) (5%)	\$179		\$179
Health Care Trust Fund (2003-3) (44%)	\$1,576		\$1,576
Total	\$3,582		\$3,582
Issue Total	\$742,934	\$39,600	\$782,534

COL A03		COL A04		COL A05		CODES
AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HLTH CARE REGULATION						68700000
HEALTH CARE REGULATION						68700700
PUBLIC PROTECTION						12
FACILITY REGULATION						<u>1204.01.00.00</u>
WORKLOAD						3000000
COMPLAINT INVESTIGATION						
TEAM STAFFING INCREASE						3007A20

SOURCE OF FUNDS:

Health Care Trust Fund (100%)

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5294 REGISTERED NURSE SPECIALIST							
N7008 001	1.00	52,500		17,680	70,180	0.00	70,180
N7009 001	1.00	52,500		17,680	70,180	0.00	70,180
N7010 001	1.00	52,500		17,680	70,180	0.00	70,180
N7011 001	1.00	52,500		17,680	70,180	0.00	70,180
N7012 001	1.00	52,500		17,680	70,180	0.00	70,180
N7013 001	1.00	52,500		17,680	70,180	0.00	70,180
N7014 001	1.00	52,500		17,680	70,180	0.00	70,180
N7015 001	1.00	52,500	2,485	18,121	73,106	0.00	73,106
N7016 001	1.00	52,500	2,485	18,121	73,106	0.00	73,106

TOTALS FOR ISSUE BY FUND							
2003 HEALTH CARE TRUST FUND							
	9.00	472,500	4,970	160,002	637,472		637,472
=====							

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
PROGRAM OR SERVICE-LEVEL				
INFORMATION TECHNOLOGY				3630000
PURCHASE AND INSTALLATION OF				
ELECTRONIC WORKFLOW APPLICATION				36318C0
EXPENSES				040000
HEALTH CARE TRUST FUND -STATE	116,000	90,000		2003 1

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? YES
 ISSUE TITLE: Purchase and Installation of Electronic Workflow Application

ISSUE SUMMARY - BUSINESS PROBLEM: The licensing of health care providers relies heavily on a process that includes information gathering from various parts of the Agency. Exchanging of emails, phone calls and other manual sources are the current practices of licensure staff to obtain the necessary information and documentation. There are statutorily mandated timeframes that govern this process. Therefore, assembling all the documents and information in a timely manner is often a labor intensive task. Four years ago the Agency began implementing an electronic document management system (electronic storage of files). Document management provides quick access to historical documents and eliminates duplication and redundant storage of documents between Agency bureaus and divisions, health care providers and other state agencies. It has also significantly improved the transparency of information to consumers and the public by providing access to health care provider inspection documents and other information through the Agency's website. Imaging of licensure documents into the electronic system occurs at the end of the process when the paper file is complete. Consequently, the task of gathering documents from other Agency sources still exists.

BENEFITS: The implementation of an electronic work flow process within the Agency's existing systems will enable electronic storage of the licensure application upon receipt and allows for the information to flow electronically through the process. A workflow application generally makes assignments, manages work queues, monitors deadlines, sets work alerts and provides managerial oversight. This will greatly reduce the exchanging of emails, phone calls and other manual efforts to collect information. Accordingly, a workflow will improve the processing time for applications and allow saved staff resources to be used to handle workload growth.

ASSUMPTIONS AND CONSTRAINTS: The implementation of a work flow process would require a change in how the licensure units currently process applications. However, the efficiencies gained by electronic work flow would be noticed almost immediately upon implementation.

IT SERVICE AND IMPLEMENTATION APPROACH: Several vendors offer workflow software, including systems currently used by the Agency. There are several benefits to integrating a workflow into an existing system. However, the best solution is currently under review. A Request for Information (RFI) will be published to allow the Agency to review available options and compare the costs, benefits and implementation standards of existing workflow software applications.

IMPLEMENTATION TIMELINE: An implementation timeline will be developed once a workflow application is selected and

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
PROGRAM OR SERVICE-LEVEL				
INFORMATION TECHNOLOGY				3630000
PURCHASE AND INSTALLATION OF				
ELECTRONIC WORKFLOW APPLICATION				36318C0

purchased.

ESTIMATED COST: The estimated cost to implement an electronic workflow application is based upon a quote provided by a vendor that currently supports an existing Agency system. Installation costs are valued at \$116,000. This figure includes \$21,000 for installation, \$80,000 for 400 user licenses and \$15,000 for an Agency license. The estimated annual recurring cost to maintain and support an electronic workflow application is based upon a quote provided by a vendor that currently supports an existing Agency system. Approximate maintenance costs are \$26,000 which includes \$10,000 for annual maintenance and \$16,000 for user maintenance.

Budget Summary:

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

FY 2009-10

	RECURRING	NON-RECURRING	TOTAL
	FY 2009-10	FY 2009-10	FY 2009-10
Expenses (040000)			
Health Care Trust Fund (2003-1)	\$26,000	\$90,000	\$116,000
Issue Total	\$26,000	\$90,000	\$116,000

SOURCE OF FUNDS:

Health Care Trust Fund (100%)

LICENSING SYSTEM UPGRADE 36372C0
 EXPENSES 040000

HEALTH CARE TRUST FUND -STATE 944,400 828,900 2003 1

=====

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
PROGRAM OR SERVICE-LEVEL				
INFORMATION TECHNOLOGY				3630000
LICENSING SYSTEM UPGRADE				36372C0
OPERATING CAPITAL OUTLAY				060000
HEALTH CARE TRUST FUND -STATE	53,600	53,600		2003 1
TOTAL: LICENSING SYSTEM UPGRADE				36372C0
TOTAL ISSUE.....	998,000	882,500		

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? YES
 ISSUE TITLE: Licensing System Upgrade

ISSUE SUMMARY - BUSINESS PROBLEM: The Agency for Health Care Administration (Agency) is responsible for state licensure and federal certification of over 33,000 health care providers. The major regulatory processes involved in this operation include the licensure/registration of providers, scheduling inspections, complaint resolution, and enforcement of disciplinary actions. New regulations and industry growth have led to an increasing workload with no additional staff. Therefore, efficiencies must be found within internal processes. To support regulatory activities, the Agency maintains a data system called LicenseEase. This is a proprietary and confidential product of Versa Management Systems, Inc. LicenseEase has been in use since 2001 and is nearing the end of its product life cycle. Limitations in the current licensing system prevent the Agency from utilizing technological advances in electronic systems; thereby restricting the ability to operate more efficiently.

BENEFITS

Upgrading LicenseEase will create a more efficient regulatory process by:

- Enabling online licensure applications for health care providers; thus reducing application processing time, increasing accuracy, and providing transparency. A recent survey of Agency licensees found that 81.2% of 335 respondents would prefer to submit the renewal application online. 81.6% would prefer to check the status of the application online rather than making a phone call to the Agency.
- Interfacing with other agency data systems which reduces duplicative data entry, allows for sharing of data and provides interface with electronic documents.
- Enhancing the ability to track ownership interest relationships by connecting people and entities to all related health care providers will improve the Agency's ability to identify new applicants that may have a poor regulatory history or outstanding sanctions even if they apply for licensure as another type of health care provider.
- Enhancing system edits and controls to reduce data entry errors and the need for external quality assurance activities.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>FACILITY REGULATION</u>				<u>1204.01.00.00</u>
PROGRAM OR SERVICE-LEVEL				
INFORMATION TECHNOLOGY				3630000
LICENSING SYSTEM UPGRADE				36372C0

- Improving system speed for remote Agency field offices will improve service to the public.

ASSUMPTIONS AND CONSTRAINTS: The upgrade of LicenseEase would require a change in how the licensure units currently process applications. However, the efficiencies gained would be noticed once staff are trained on the operations and functions of the system.

IT SERVICE AND IMPLEMENTATION APPROACH: Versa Management Systems, Inc. offers an upgraded version of LicenseEase called Versa Regulation. However, other applications are being considered.

Versa Management Systems, Inc. provided a demonstration of Versa Regulation to Agency management and IT staff. Versa also provided a quote for implementation and maintenance of the system, however, a decision has not been made whether this is the best solution for the Agency.

IMPLEMENTATION TIMELINE: An implementation timeline will be developed once a decision is made to purchase Versa Regulation or another comparable application.

ESTIMATED COST: Estimates for the cost of this upgrade are based upon the installation of Versa Regulation as provided by Versa Management, Inc. The system upgrade the first year totals \$998,000 for products, development and deployment. The total includes \$723,400 for the basic installation; \$221,000 for the implementation of online services, customization orders, automated interface with other required state and federal data systems, and disaster recovery support; plus \$53,600 for additional hardware.

An estimated annual recurring cost of \$115,500 for support and maintenance is based upon the installation of Versa Regulation as provided by Versa Management, Inc.

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

FY 2009-10	RECURRING FY 2009-10	NON-RECURRING FY 2009-10	TOTAL FY 2009-10
Expenses (040000)			
Health Care Trust Fund (2003-1)	\$115,500	\$828,900	\$944,400
Operating Capital Outlay (060000)			
Health Care Trust Fund (2003-1)		\$53,600	\$53,600
Issue Total	\$115,500	\$882,500	\$998,000

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
FACILITY REGULATION				1204.01.00.00
PROGRAM OR SERVICE-LEVEL				
INFORMATION TECHNOLOGY				3630000
LICENSING SYSTEM UPGRADE				36372C0

SOURCE OF FUNDS:

Health Care Trust Fund (100%)

ENSURING ACCESS TO CARE				4100000
PHYSICIAN REGULATORY REVIEW FOR				
HOSPITAL-BASED ADULT CARDIO				
SERVICES				4101770
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
HEALTH CARE TRUST FUND -STATE	297,500			2003 1

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE:

IT COMPONENT? NO

ISSUE TITLE: Physician Regulatory Review for Hospital-Based Adult Cardio Services

ISSUE SUMMARY: This issue requests contract funds to hire physician regulators who are experienced in the delivery of adult cardiovascular services to assist Agency staff in the regulation of specialized adult cardiovascular services as described in s. 408.0361, Florida Statutes.

ISSUE DETAIL: The 2004 Legislature established the intent to move the regulation of hospital based adult cardiovascular services from the traditional process-oriented approach to one that is based on the analysis of outcomes. This requirement directed the Agency to develop licensure rules for adult cardiovascular services that would replace the certificate of need process for the review of open heart surgery. The 2007 Legislature followed up by requiring hospitals that are licensed to provide adult cardiovascular services to participate in private outcome measurement systems that are administered nationally by the American College of Cardiology and the Society for Thoracic Surgeons.

Agency field staff does not include any physician regulators nor does it generally include nurses who are experienced with the delivery of specialized hospital-based cardiovascular services. In FY 2007-08, the Agency retained the services of the Florida Medical Quality Assurance organization, which is the state's federally designated peer review organization, to perform physician review of medical records at a hospital where a complaint had been filed in the area of adult cardiovascular services. The fee for this service was \$3,500.

With approximately 85 of the state's hospitals holding either a license to provide adult cardiovascular services or a certificate of need exemption to provide emergency interventional cardiology services, \$297,500 (85 x \$3,500) is

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
PUBLIC PROTECTION				12
<u>FACILITY REGULATION</u>				<u>1204.01.00.00</u>
ENSURING ACCESS TO CARE				4100000
PHYSICIAN REGULATORY REVIEW FOR				
HOSPITAL-BASED ADULT CARDIO				
SERVICES				4101770

requested to ensure quality of care and patient safety in hospitals where these special services are provided.

This proposal would authorize funds for continued physician review of hospital-based adult cardiovascular services. This would enable the Agency to meet the regulatory requirements included in Section 408.0361, F.S.

BUDGET SUMMARY:

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
								\$297,500		\$297,500

Health Care Regulation (68700700)
 Facility Regulation (1204010000)

FY 09-10	RECURRING FY 2009-10	NON RECURRING FY 2009-10	TOTAL FY 2009-10
Special Category:			
Contracted Services (100777)			
Health Care Trust Fund (2003-1)	\$297,500		\$297,500
Issue Total	\$297,500		\$297,500

SOURCE OF FUNDS:

Health Care Trust Funds (100%)

TOTAL: FACILITY REGULATION				<u>1204.01.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND		1,657,416		1000
TRUST FUNDS		46,372,853	1,012,100	2000

TOTAL POSITIONS.....	589.00			
TOTAL PROG COMP.....	48,030,269	1,012,100		
TOTAL SALARY RATE.....	26,960,893			
	=====			

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>ORGAN & TISSUE DONOR EDUC</u>				<u>1204.02.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	51,181			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE	1.00	80,922		2003 1
	=====	=====	=====	
EXPENSES				040000
GENERAL REVENUE FUND -STATE		82		1000 1
HEALTH CARE TRUST FUND -STATE		44,911		2003 1
	-----	-----	-----	
TOTAL APPRO.....		44,993		
	=====	=====	=====	
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
HEALTH CARE TRUST FUND -STATE		600,685		2003 1
	=====	=====	=====	
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....		726,600		
TOTAL SALARY RATE.....	51,181			
	=====	=====	=====	
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				1001800
FISCAL YEAR 2008-09				010000
SALARIES AND BENEFITS				
HEALTH CARE TRUST FUND -STATE		224		2003 1
	=====	=====	=====	

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>ORGAN & TISSUE DONOR EDUC</u>				<u>1204.02.00.00</u>
ESTIMATED EXPENDITURES				1000000
ADJUSTMENT TO STATE LIFE AND				
DISABILITY INSURANCE CONTRIBUTION				
RATES - FISCAL YEAR 2008-09				1001910
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		24-		2003 1
=====				
NONRECURRING EXPENDITURES				2100000
ORGAN AND TISSUE DONOR EDUCATION				2103113
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
HEALTH CARE TRUST FUND -STATE		342,000-		2003 1
=====				
ANNUALIZATION OF ADMINISTERED				
FUNDS APPROPRIATIONS				26A0000
STATE HEALTH INSURANCE PREMIUM				
CONTRIBUTION - 10 MONTHS				
ANNUALIZATION				26A1800
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		1,120		2003 1
=====				
LIFE AND DISABILITY INSURANCE				
REDUCTION - 6 MONTHS ANNUALIZATION				26A2000
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		24-		2003 1
=====				
TOTAL: ORGAN & TISSUE DONOR EDUC				<u>1204.02.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND		82		1000
TRUST FUNDS		385,814		2000

TOTAL POSITIONS.....	1.00			
TOTAL PROG COMP.....		385,896		
TOTAL SALARY RATE.....	51,181			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
MANAGED CARE				<u>1205.02.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	2,058,910			
=====				
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND				
-STATE	101,594			1000 1
-MATCH	373,064			1000 2
TOTAL GENERAL REVENUE FUND	474,658			1000
=====				
HEALTH CARE TRUST FUND				
-STATE	1,627,685			2003 1
-MATCH	76,156			2003 2
-FEDERL	588,516			2003 3
TOTAL HEALTH CARE TRUST FUND	2,292,357			2003
=====				
TOTAL POSITIONS.....	42.00			
TOTAL APPRO.....	2,767,015			
=====				
OTHER PERSONAL SERVICES				030000
HEALTH CARE TRUST FUND				
-STATE	63,568			2003 1
=====				
EXPENSES				040000
GENERAL REVENUE FUND				
-STATE	23,085			1000 1
-MATCH	489,838			1000 2
TOTAL GENERAL REVENUE FUND	512,923			1000
=====				
HEALTH CARE TRUST FUND				
-STATE	536,088			2003 1
-MATCH	10,309			2003 2
-FEDERL	498,752			2003 3
TOTAL HEALTH CARE TRUST FUND	1,045,149			2003
=====				
TOTAL APPRO.....	1,558,072			
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
MANAGED CARE				<u>1205.02.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
OPERATING CAPITAL OUTLAY				060000
HEALTH CARE TRUST FUND -STATE		1,886		2003 1
=====				
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
GENERAL REVENUE FUND -STATE		1,500,505		1000 1
GENERAL REVENUE FUND -MATCH		2,168		1000 2

TOTAL GENERAL REVENUE FUND		1,502,673		1000
=====				
HEALTH CARE TRUST FUND -STATE		51,559		2003 1
HEALTH CARE TRUST FUND -MATCH		496		2003 2
HEALTH CARE TRUST FUND -FEDERL		2,701		2003 3

TOTAL HEALTH CARE TRUST FUND		54,756		2003
=====				
TOTAL APPRO.....		1,557,429		
=====				
RISK MANAGEMENT INSURANCE				103241
GENERAL REVENUE FUND -STATE		1,198		1000 1
GENERAL REVENUE FUND -MATCH		11,547		1000 2

TOTAL GENERAL REVENUE FUND		12,745		1000
=====				
HEALTH CARE TRUST FUND -STATE		37,856		2003 1
HEALTH CARE TRUST FUND -MATCH		1,224		2003 2
HEALTH CARE TRUST FUND -FEDERL		11,646		2003 3

TOTAL HEALTH CARE TRUST FUND		50,726		2003
=====				
TOTAL APPRO.....		63,471		
=====				

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HLTH CARE REGULATION							68700000
HEALTH CARE REGULATION							68700700
PUBLIC PROTECTION							12
MANAGED CARE							<u>1205.02.00.00</u>
ESTIMATED EXPENDITURES							1000000
ESTIMATED EXPENDITURES - OPERATIONS							1001000
SPECIAL CATEGORIES							100000
TR/DMS/HR SVCS/STW CONTRCT							107040
GENERAL REVENUE FUND							1000 1
-STATE	235						
-MATCH	18						1000 2
TOTAL GENERAL REVENUE FUND	253						1000
HEALTH CARE TRUST FUND							2003 1
-STATE	11,785						
-MATCH	2,974						2003 2
-FEDERL	3,030						2003 3
TOTAL HEALTH CARE TRUST FUND	17,789						2003
TOTAL APPRO.....	18,042						
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS							1001000
TOTAL POSITIONS.....	42.00						
TOTAL ISSUE.....	6,029,483						
TOTAL SALARY RATE.....	2,058,910						
ADJUSTMENT TO STATE HEALTH INSURANCE PREMIUM CONTRIBUTION - FISCAL YEAR 2008-09 SALARIES AND BENEFITS							1001800 010000
GENERAL REVENUE FUND							1000 1
-STATE	262						
-MATCH	964						1000 2
TOTAL GENERAL REVENUE FUND	1,226						1000
HEALTH CARE TRUST FUND							2003 1
-STATE	4,205						
-MATCH	197						2003 2
-FEDERL	1,520						2003 3
TOTAL HEALTH CARE TRUST FUND	5,922						2003
TOTAL APPRO.....	7,148						

	COL A03		COL A04		COL A05		CODES
	AGY REQUEST FY 2009-10	POS	AGY REQ N/R FY 2009-10	POS	AG REQ ANZ FY 2009-10	POS	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HLTH CARE REGULATION							68700000
HEALTH CARE REGULATION							68700700
PUBLIC PROTECTION							12
<u>MANAGED CARE</u>							<u>1205.02.00.00</u>
ESTIMATED EXPENDITURES							1000000
ADJUSTMENT TO STATE LIFE AND DISABILITY INSURANCE CONTRIBUTION RATES - FISCAL YEAR 2008-09 SALARIES AND BENEFITS							1001910 010000
GENERAL REVENUE FUND							1000 1
-STATE	34-						1000 2
-MATCH	124-						
TOTAL GENERAL REVENUE FUND	158-						1000
HEALTH CARE TRUST FUND							2003 1
-STATE	541-						2003 2
-MATCH	26-						2003 3
-FEDERL	196-						
TOTAL HEALTH CARE TRUST FUND	763-						2003
TOTAL APPRO.....	921-						
INTRA-AGENCY REORGANIZATIONS							1800000
TRANSFER POSITION FROM HEALTH CARE REGULATION TO MANAGED HEALTH CARE - ADD							1801150 000000
SALARY RATE							
SALARY RATE.....	34,634						
SALARIES AND BENEFITS							010000
HEALTH CARE TRUST FUND							2003 1
-STATE	1.00 49,149						
EXPENSES							040000
HEALTH CARE TRUST FUND							2003 1
-STATE	11,320						

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM HEALTH CARE				
REGULATION TO MANAGED HEALTH CARE -				
ADD				1801150
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
HEALTH CARE TRUST FUND -STATE		398		2003 1
=====				
TOTAL: TRANSFER POSITION FROM HEALTH CARE				1801150
REGULATION TO MANAGED HEALTH CARE -				
ADD				
TOTAL POSITIONS.....	1.00			
TOTAL ISSUE.....		60,867		
TOTAL SALARY RATE.....	34,634			
=====				

AGENCY ISSUE NARRATIVE:

2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Transfer Position From Health Care Regulation To Managed Health Care - Add

ISSUE SUMMARY: This issue would transfer one position in Health Care Regulation from the Bureau of Field Operations to the Bureau of Managed Health Care.

ISSUE DETAIL: The duties and responsibilities of this position will include assisting in the implementation, contract management, monitoring, program evaluation, program assessment, and the submission of all annual reports to the Governor, the President of the Senate, and the Speaker of the House for the Cover Florida Health Care Access Program. It is the intent of the Legislature to expand the availability of health care options for the uninsured residents by the developing an affordable health care product that emphasizes coverage for basic and preventive health care services; provides inpatient hospital, urgent, and emergency care services; and is offered statewide by approved health insurers, health maintenance organizations, health-care-provider-sponsored organization, or health care districts. The Agency for Health Care Administration and the Office of Insurance Regulation shall jointly establish and administer the Cover Florida Health Care Access Program. The Agency for Health Care Administration is responsible for the program evaluation and program management. Duties and responsibilities for this position have been changed due to the additional functions and priorities assigned to the Bureau of Managed Health Care. Specifically, the position will be responsible for the implementation, contract management, monitoring, program evaluation, and program assessment for the Cover Florida Health Care Access Program.

BUDGET SUMMARY: The transfer of one FTE from Bureau of Field Operations, Health Quality Assurance to the Bureau of Managed Health Care, Health Quality Assurance requires no additional funding or costs. The following is the amount to be transferred:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM HEALTH CARE				
REGULATION TO MANAGED HEALTH CARE -				
ADD				1801150

Transfer Position 64649.

Health Care Regulation (68700700)
 Managed Care (1205020000)

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2009-10 TOTAL
Gov't Ops Consultant I	2234	021	1.00	\$34,634	\$49,149	\$11,320			\$398	\$60,867
FY 2009-10					Recurring	Non Recurring	Total			
					FY 2009-10	FY 2009-10	FY 2009-10			
Salaries and Benefits (010000)										
Health Care Trust Fund (2003-1)					\$49,149		\$49,149			
Expenses (040000)										
Health Care Trust Fund (2003-1)					\$11,320		\$11,320			
HR Services (107040)										
Health Care Trust Fund (2003-1)					\$398		\$398			
Total					\$60,867		\$60,867			

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
2234 GOVERNMENT OPERATIONS CONSULTANT I							
64649 001	1.00	34,634		14,515	49,149	0.00	49,149

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
INTRA-AGENCY REORGANIZATIONS				1800000
TRANSFER POSITION FROM HEALTH CARE				
REGULATION TO MANAGED HEALTH CARE -				
ADD				1801150

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
TOTALS FOR ISSUE BY FUND							
2003 HEALTH CARE TRUST FUND							49,149
	1.00	34,634		14,515	49,149		49,149

NONRECURRING EXPENDITURES							2100000
FUNDING FOR THE FLORIDA HEALTH							
CHOICES PROGRAM - SB 2534							2103114
SPECIAL CATEGORIES							100000
CONTRACTED SERVICES							100777
GENERAL REVENUE FUND	-STATE	1,500,000-					1000 1

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
ANNUALIZATION OF ADMINISTERED				
FUNDS APPROPRIATIONS				26A0000
STATE HEALTH INSURANCE PREMIUM				
CONTRIBUTION - 10 MONTHS				
ANNUALIZATION				26A1800
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND				
-STATE	1,310			1000 1
-MATCH	4,820			1000 2
TOTAL GENERAL REVENUE FUND	6,130			1000
HEALTH CARE TRUST FUND				
-STATE	21,025			2003 1
-MATCH	985			2003 2
-FEDERL	7,600			2003 3
TOTAL HEALTH CARE TRUST FUND	29,610			2003
TOTAL APPRO.....	35,740			
LIFE AND DISABILITY INSURANCE				
REDUCTION - 6 MONTHS ANNUALIZATION				26A2000
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND				
-STATE	34-			1000 1
-MATCH	124-			1000 2
TOTAL GENERAL REVENUE FUND	158-			1000
HEALTH CARE TRUST FUND				
-STATE	541-			2003 1
-MATCH	26-			2003 2
-FEDERL	196-			2003 3
TOTAL HEALTH CARE TRUST FUND	763-			2003
TOTAL APPRO.....	921-			

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
MANAGED CARE				1205.02.00.00
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10
SALARY RATE				000000
SALARY RATE.....	82,212			
	=====	=====	=====	
SALARIES AND BENEFITS				010000
GENERAL REVENUE FUND	-MATCH	56,768		1000 2
HEALTH CARE TRUST FUND	-FEDERL	56,768		2003 3
		-----	-----	
TOTAL POSITIONS.....	2.00			
TOTAL APPRO.....		113,536		
		=====	=====	
EXPENSES				040000
GENERAL REVENUE FUND	-MATCH	14,320	3,000	1000 2
HEALTH CARE TRUST FUND	-FEDERL	14,320	3,000	2003 3
		-----	-----	
TOTAL APPRO.....		28,640	6,000	
		=====	=====	
SPECIAL CATEGORIES				100000
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND	-STATE	398		1000 1
HEALTH CARE TRUST FUND	-STATE	398		2003 1
		-----	-----	
TOTAL APPRO.....		796		
		=====	=====	
TOTAL: EXPANSION OF MEDICAID MANAGED				3003A10
CARE PILOT PROGRAM				
TOTAL POSITIONS.....	2.00			
TOTAL ISSUE.....		142,972	6,000	
TOTAL SALARY RATE.....	82,212			
		=====	=====	

AGENCY ISSUE NARRATIVE:
 2009-2010 BUDGET YEAR NARRATIVE: IT COMPONENT? NO
 ISSUE TITLE: Expansion of Medicaid Managed Care Pilot Program

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

ISSUE SUMMARY: This request consists of funds necessary for expansion of the Medicaid Managed Care Pilot Program into Miami-Dade and Monroe County (AHCA Area 11) and into Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Washington, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Escambia, Okaloosa, Santa Rosa, and Walton Counties (AHCA Areas 1 and 2, or "the Panhandle"). Since there are no current health plans in Monroe or in nine of the panhandle counties, we expect there to be extensive outreach efforts and plan-provider/beneficiary education efforts regarding managed care concepts required for those counties.

Bureau of Health Systems Development:

Provider Service Network (PSN) Unit:

Current workload allows one program analyst per two fee-for-service (FFS) PSNs due to the fiscal agent technical assistance overlay required for FFS PSNs. Currently, we have three full time equivalent (FTE) career service analysts handling six Pilot FFS PSN contracts (including one specialty PSN and one contract that spans both non-Pilot and Pilot counties) and one capitated PSN non-Pilot contract. We expect at least seven existing plan expansions/Pilot applications for review and potential contract maintenance and two potential new applications when the Pilot expands into Area 11. We expect at least three existing plan expansion/Pilot applications and one potential new application when the Pilot expands into the Panhandle. While the expansion applications do not require as much work as a full application, they do impact current staff's ability to keep up with the existing committed workload. Our staffing workload also anticipates being able to use some of the 'new' PSN unit staff working with Area 11 and some existing PSN unit staff to assist with Panhandle activities based on the roll-out timeframe proposed in this expansion proposal.

Health Maintenance Organization (HMO) Unit:

There are 14 HMO contracts in non-Pilot counties and 11 HMO contracts in Pilot counties being handled by 4 program analysts, 1 RN consultant and 1 human services program specialist. The HMO unit can effectively handle 2-3 contracts per analyst.

Currently there are 10 non-Pilot HMOs in Miami-Dade County and no managed care plans in Monroe County. One of the plans in Miami-Dade County does not currently operate a Pilot plan and we anticipate the plan will submit a Pilot application if the Pilot expands to Area 11. The other nine HMOs operate Pilot plans in Broward County and we anticipate all will submit expansion applications in order to operate in Area 11. In addition, there is one more Broward County Pilot plan (Freedom) that is not currently a non-Pilot plan in Area 11 that we expect would expand as a Pilot plan to Area 11 if the Pilot was implemented there. Therefore, with the Pilot expansion, we anticipate there may be as many as 11 HMO expansion applications to process in Area 11. While the expansion applications do not require as much work as a full application, they do impact current staff's ability to keep up with an already over-burdened workload. We expect at least three existing plan expansion/Pilot applications when the pilot expands into the Panhandle. Our staffing workload also anticipates being able to use some of the 'new' HMO unit staff working with Area 11 and some existing HMO unit staff to assist with Panhandle activities based on the roll-out timeframe proposed in this expansion proposal.

COL A03		COL A04		COL A05		CODES
AGY REQUEST	AGY REQ N/R	AGY REQ N/R	AGY REQ N/R	AG REQ ANZ	AG REQ ANZ	
FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HLTH CARE REGULATION						68700000
HEALTH CARE REGULATION						68700700
PUBLIC PROTECTION						12
<u>MANAGED CARE</u>						<u>1205.02.00.00</u>
WORKLOAD						3000000
EXPANSION OF MEDICAID MANAGED						
CARE PILOT PROGRAM						3003A10

In addition, there are three HMO applications pending, two for the non-Pilot and one specialty plan for the Pilot. The two non-Pilot plans are anticipating applying to become Pilot plans once they have executed the contract for the non-Pilot HMO.

Data Unit:

The Pilot program currently consists of eleven HMOs and six PSNs. Currently three staff handle the enrollment reporting and benefits review activities and two handle the network/survey analysis on a part-time basis. We anticipate that with the Pilot expansion into Area 11 and the Panhandle, this program will expand to include at least four additional HMOs, three additional PSNs, seven PSNs submitting expansion applications and ten HMOs submitting expansion applications, resulting in potentially 42 additional county populations to have to sample and include in all enrollment, benefit grid analysis, and network survey work.

Waiver Unit:

With the expansion into Area 11 and the Panhandle, there will be an increase of 20 counties into the federal 1115 Medicaid Managed Care Pilot Waiver, resulting in an increase of narrative and data needed for the four quarterly reports, the annual reports and the waiver renewal request that will occur during this same time span.

Bureau of Medicaid Contract Management (MCM):

The Medicaid Managed Care Pilot expansion into Area 11 and the Panhandle will require nine of the existing ten contractors to complete Pilot expansion applications. While two of the three existing PSN providers are converting to HMOs, these providers will also have to complete an expansion request. MCM will handle the systems needs of 15 HMO's and 9 PSN's with an aggregate eligible enrollment of approximately 290,000 as well as encounter data processing from this population of approximately 725,960 annually. The Beneficiary Unit (Choice Counseling and Enhanced Benefits) will assist approximately 290,000 make active choices to new plans during the transition period.

Bureau of Managed Health Care:

Each Medicaid Managed Care Pilot HMO must submit eight Performance Improvement Plans (PIPs) for review and evaluation, and each non-Pilot HMO must submit four PIPs. There are 11 HMO contracts in the Pilot, times 8 PIPs required in total, equals 88 PIPs, and 3 non-Pilot HMOs which only have 4 to submit. Thus there is a grand total of 100 PIPs which have to be submitted, reviewed and evaluated on an annual basis. The Medicaid Managed Care Pilot expansion into Area 11 and the Panhandle will require 9 of the existing 10 contractors to complete Pilot expansion applications. Only one plan, Jackson Memorial Health Plan, will need to complete the entire Pilot application process. While 2 of the 3 existing PSN providers are converting to HMOs, these providers will also have to complete an expansion request.

Bureau of Medicaid Quality Management:

Project Management:

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

Currently the Project Management Office (PMO) has 5 Project Managers (PMs) that manage 12-15 non Medicaid Managed Care Pilot projects per year and a portfolio of 150+ legislatively mandated projects, reports and operational tasks. These projects will still require management regardless of any Medicaid Managed Care Pilot expansion. One project manager can handle 3 teams of 12-15 people and there will be 7-8 additional teams required for expansion, and therefore 2 additional Project Management resources are needed. In addition, it is expected that there would be at least 2 outreach meetings per month every month throughout rollout of the Medicaid Managed Care Pilot (24+ meetings per year) for which the PMO would be responsible for planning/execution and would commit a full time resource.

MEDS/Risk Adjustment:

We anticipate that the initial expansion of the Medicaid Managed Care Pilot to Area 11 and the Panhandle will involve as many as 15 HMO's and 9 PSN's with an aggregate eligible enrollment of 290,384. From this population we can expect approximately 725,960 encounter submissions annually. Based on our early experience and that from other states, we are likely to see a 10% error rate in the encounters that are submitted. Rejected encounter submissions must be tracked to assure timely resubmission by the MCO's. Additional data from other states indicates that the level of underreporting of encounter data may be as high as 50%. Checks for encounters without associated medical records as well as encounters with significant discrepancies from the actual medical record must be in place to assure validity of the encounter process and associated rate setting.

Bureau of Medicaid Program Analysis:

These new positions can and would be measured by the number of requests and error rate of the completed tasks. In addition, measures could be added to the units as a whole as they are currently not attainable due to the varying priority lists. Regular reporting requirements can be placed into operations which will allow for a proactive view of changes within the Medicaid data can be seen as they are occurring, which could allow for changes in trends to be seen prior to estimating conferences. Performance measures for staff knowledge of the program and eligibility could be established. The additional positions would also be able to standardize and document the process of Pilot related data and rates and document the expansion into additional areas. Currently, due to workload, this documentation and tracking is not available.

Possible Measures:

- 1) Establish a tracking system and documentation process which can be measured by completeness and maintenance.
- 2) #1 can be used to measure the timeliness of turnaround or standard completion times.
- 3) Regular reporting and meeting set completion targets of the reports.

Area Offices:

Until such time that the entire Medicaid population is moved into managed care, staff currently assigned to maintain the fee-for-service program must be maintained. Even in areas where the Medicaid Managed Care Pilot currently exists there are populations that are excluded and continue to be fee-for-service. Area Office staff must maintain knowledge and

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

skills necessary to serve these populations. All duties associated with Expansion are above and beyond what current staffing workload can accommodate. The Medicaid Pilot required Area Office staff employees to perform 100% of their current fee-for-Service/MediPass/Managed Care duties in addition to successfully developing, implementing, sustaining, and evaluating this new program.

ISSUE DETAIL: During the 2005 Special Legislative session, the Florida Legislature passed House Bill 3-B, authorizing the Agency for Health Care Administration to implement the approved federal waivers for the Medicaid Managed Care Pilot Program in accordance with s. 409.91211, F.S. That section directs the Agency to implement phase one of the demonstration in two geographic areas. One demonstration site shall include only Broward County. A second demonstration site shall initially include Duval County and shall be expanded to include Baker, Clay, and Nassau Counties within one year after the Duval County program becomes operational. The Agency is further directed to implement expansion of the program to include the remaining counties of the state and remaining eligibility groups in accordance with the process specified in the federally approved special terms and conditions numbered 11-W-00206/4, as approved by the federal Centers for Medicare and Medicaid Services on October 19, 2005, with a goal of full statewide implementation by June 30, 2011.

This request consists of funds necessary for expansion of the Medicaid Managed Care Pilot Program into Miami-Dade and Monroe County (AHCA Area 11) and into Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Washington, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Escambia, Okaloosa, Santa Rosa, and Walton Counties (AHCA Areas 1 and 2, or "the Panhandle").

Resources Requested:

Bureau of Health Systems Development:

Ten Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Health Systems Development
 These positions are needed to supplement current staff in the Health Maintenance Organization, Provider Services Network, Data and Waiver units within Health Systems Development. These positions will take on the additional workload expected in processing applications, expansion requests, reconciliations, conversion applications, complaint/issue processing, waiver reporting and technical assistance to providers. Additional support positions (Operations Management Consultants) are needed in the office of the Bureau Chief and in the HMO and PSN units to assist with the expected additional workload associated with the further implementation of the Medicaid Managed Care Pilot. Since there are no current health plans in Monroe or in nine of the Panhandle counties, we expect there to be extensive outreach efforts and plan-provider/recipient education efforts required of HSD regarding managed care concepts required for those counties.

Five PG 24 - Medical Health Care Program Analysts

Two program analyst positions will be used for the PSN Unit.

Current workload allows one program analyst per two FFS PSNs. Currently, we have three FTE career service analysts handling six Pilot FFS PSNs (including one specialty PSN and one labor-intensive contract that spans both Pilot and

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

non-Pilot) and one capitated non-Pilot PSN. FFS PSNs require more technical assistance than HMOs due to the claims payment being housed in our FMMIS system and the additional technical assistance required for PSN network providers. With the Pilot expansion into Area 11 and the Panhandle, an additional two program analyst positions are required to handle the additional expansion applications and new applications we expect to receive. We expect that South Florida Community Care Network, Pediatric Associates, NetPass, Access and Children's Medical Service will request expansion to Area 11 as they have all previously stated their interest in this county. We also expect Better Health Plan (a current Pilot applicant) will wish to expand into Area 11 as will Prestige, a non-Pilot health plan that would need to complete the entire application process. In the Panhandle, we expect to receive expansion requests from Prestige, Children's Medical Service, and First Coast Advantage. In addition to these existing plans, we estimate that we will receive at least three new PSN applications for Area 11 and/or the Panhandle counties due to other expressed interest in these counties. This totals ten existing plan expansions/Pilot applications for review and potential contract maintenance and three potential new applications (based on the two new applications received from entities to become health plans in Broward County and expressed interest in the Panhandle).

These positions will help with the additional contract management and oversight responsibilities enacted since the implementation of the Pilot and serve as liaison with the Bureau of Managed Health Care, the Bureau of Contract Management's Choice Counseling unit and the Bureau of Quality Management's MEDS team. In addition, the positions will free up current staff to develop training materials requested by the PSNs and providers in the March and May (2008) continuous improvement forums. Such materials are necessary to more adequately ensure PSN success in the expansion areas. These positions will also free up staff time for Customer Service Request development and review to address needed enhancements in the current FMMIS system in order for the FFS PSN system. In addition, FFS PSN reconciliation is being handled by an OPS employee and, since it is an OPS position, we are always concerned about turnover and getting qualified staff. The employee that was in this position lasted 1.5 years, and training new staff will add additional burden and time taken away from time-sensitive expansion issues. With two analyst positions, we would be able to move the reconciliation activities to a permanent employee, freeing up the OPS position for other PSN activities that do not require financial analysis training and knowledge.

Contract management oversight activities include review of processing amendments, individual plan capitation rate development, enrollment levels, systems changes and file maintenance, review of funds expended, review and oversight of monitoring report statuses, complaints, MEDS issues, EQRO issues, performance measure compliance, and report compliance, etc. In addition, analysts provide technical assistance to their plans and also enter complaints received in the HSD complaint database.

Two program analyst positions will be used for the HMO Unit. There are 14 HMO contracts in non-Pilot counties and 11 HMO contracts operating in Pilot counties being handled by 4 program analysts, 1 RN consultant and 1 human services program specialist. The HMO unit can effectively handle 2-3 contracts per analyst. In Area 11, currently there are 10 non-Pilot HMOs in Miami-Dade County and no HMOs in Monroe County. One of these HMOs does not currently operate a Pilot plan and we anticipate it will submit an application if the Pilot expands to Area 11. The other nine HMOs operate Pilot plans in Broward County and we anticipate all will submit

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
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expansion applications in order to operate in Area 11. In addition, there is one more Broward County Pilot plan (Freedom) which we expect would expand to Area 11 if the Pilot was implemented there. In the Panhandle, we currently have 3 HMOs (Healthcare, Buena Vista and Universal) and expect to receive expansion requests from the three existing plans. Therefore, with Pilot expansion, we anticipate there may be as many as fourteen expansion applications to process. While the expansion applications do not require as much work as a full application, they do impact current staff's ability to keep up with an already over-burdened workload.

In addition, there are three HMO applications pending, two for non-Pilot counties and one specialty plan for the Pilot. The two non-Pilot plans are anticipating applying to become plans in Pilot counties once they have executed the contract for the non-Pilot counties. We expect that these plans will all expand into Area 11 and that at least two will expand into the Panhandle.

At a minimum, the two additional staff will allow contract management activities to be performed effectively. Such activities include review of processing amendments, individual plan capitation rate development, enrollment levels, systems changes and file maintenance, review of funds expended, review and oversight of monitoring report status, complaints, MEDS issues, EQRO issues, performance measure compliance, report compliance, etc. In addition, analysts provide technical assistance to their plans and also enter complaints received in the HSD complaint database.

One program analyst will be used for the Waiver Unit. There is currently no staff person to handle the detailed quarterly and annual reports required by the 1115 Medicaid Managed Care Pilot Waiver. These reports require much staff time for coordination and draft review and the reports will become significantly larger with the addition of new counties. In addition, we will be expanding into Area 11 and the Panhandle during the same time period as the waiver renewal application submission. Having an analyst position for the Waiver Unit to handle the day-to-day report and compliance issues will help ensure timely submission of required waiver documents and resolution of waiver issues. In addition, it will allow current waiver staff to carefully review the documents prior to submission to management.

Two PG 23 - Operations Management Consultant (OMC) II
 To assist the Bureau Chief in ensuring that proper tracking of activities related to expansion will occur. This will greatly assist management of operational activities related to expansion that are routine in nature: contract management oversight, correspondence, log assignments, draft internal administrative reports, public records requests. These positions will also assist in other administrative functions, such as training secretaries, reviewing budget, travel and finance issues so that all will be accomplished timely.

One PG 12 - Administrative Secretary
 This is an administrative support position to assist with the additional professional workload. This position is required to support the PSN unit. Currently this unit is functioning with an OPS PG 12 and has had staff turnover twice in less than a year. A permanent position is requested not only to handle the increase in professional workload (to be supported by an administrative position) but also to allow for stability in the unit. Activities to be performed include

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	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
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AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
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copying, filing, maintenance of contract files, record storage and retrieval, travel, etc. The addition of a permanent staff person will allow OPS funds to be used on PSN unit activities that are temporary to expansion (such as tracking of expansion applications and status through the application process, copying and production of necessary technical assistance documents).

Two PG 25 - Senior Data Base Analyst

These positions will be used in the HSD Data Unit. The Medicaid Pilot program currently consists of eleven HMOs and six PSNs. The HSD Data Services unit currently produces a variety of monthly enrollment reports, has an active role in the monthly provider network accuracy survey process, reviews annual benefit plans for approval, provides data for interested applicants and current providers as well as providing gross adjustment payment data for PSNs. Currently three staff handle the enrollment reporting and benefit review activities and two handle the network analysis on a part-time basis. We anticipate that with expansion of the Pilot into Area 11 and the Panhandle, this program will expand to include at least four additional HMOs, three additional PSNs, seven PSNs submitting expansion applications and ten HMOs submitting expansion applications, resulting in an additional 42 county populations to have to sample and include in all enrollment, benefit grid analysis, and network survey work. The addition of multiple plans will greatly increase the data workload for each of these projects as well as the increase in projected data needs and technical assistance. The requested increase in staff is needed in order to continue to adequately provide data services.

Bureau of Managed Health Care:

Two Full-Time Equivalent (FTE) positions-Health Quality Assurance, Bureau of Managed Health Care

These positions are needed to supplement current staff in the Bureau of Managed Health Care in handling the expected additional workload associated with the further implementation of the Medicaid Managed Care Pilot.

Two PG 24 - Medical Health Care Program Analysts

With the expansion proposed for Medicaid Managed Care Pilot into Area 11 and the Panhandle, we believe that we would need two additional positions. One position will work on quality and outcome measures, reviewing performance improvement plans and the quality improvement programs, and disease management. This person will work with our Registered Nurse Consultant in monitoring HMOs related to quality and performance measures relating to health care delivery. Performance Improvement Projects: each Pilot HMO must submit eight PIPs for review and evaluation, and for non-Pilot four PIPs. There are 11 HMO contracts in Pilot counties, times 8 PIPs required in total, equals 88 PIPs, and 3 HMOs which only have 4 to submit, in non-Pilot counties. Thus there is a grand total of 100 PIPs which have to be submitted, reviewed and evaluated on an annual basis.

- Quality Improvement Programs: in the Pilot only, each contractor must submit an overall report annually on the status of their overall quality improvement programs. These reports must be reviewed and evaluated.

- Child Health Check Up: each plan must submit on an annual basis, so there are 14 reports which must be evaluated and corrective action plans reviewed, evaluated and approved if a plan does not meet the goals established by

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AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
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PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
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state statute and federal regulations.

- Disease Management: Pilot only, each of the eleven contractors must have five disease management programs. Each plan must submit annually a report on the status and performance of each disease management program. Each report must be reviewed and evaluated.
- Cultural Competency Programs: Pilot only, each of the eleven contractors must provide an annual report on the status of its program. Each report must be reviewed and evaluated.

In addition to the above, the new position will participate in the on-site review of medical records, case management files, quality improvement committee minutes, interviewing staff in case management and utilization management departments.

The second position will be needed to initially assist in the evaluation of new Pilot county applicants and expansion requests for existing Pilot plans expanding into these new areas. Expansion of the Pilot into Area 11 will require nine of the existing ten contractors to complete expansion applications. Only one plan, Jackson Memorial Health Plan, will need to complete the entire application process. While two of the three existing PSN providers are converting to HMOs, these providers will also have to complete an expansion request. This new position will have a key role in taking on existing staff responsibilities to allow the current program analysts to work on the expansion requests. Once the expansion reviews are complete, this position will have complete compliance responsibility for at least one contractor, will have overall responsibilities for reviewing all monthly reports including the consumer inquiry data base and complete overall trend analysis summaries for review by the plan analysts.

Bureau of Medicaid Contract Management:

Five Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Medicaid Contract Management
 Three positions are needed to supplement current staff with coordination between Contract Management staff and the other Bureaus within Medicaid regarding processing of applications, file maintenance, provider data, and provider file issues. In addition, these positions will provide agency technical systems expertise in the Florida Medicaid Management Information System to guide/instruct HMOs and Provider Service Networks in the Pilot counties through the claims submission processes.

Contract Management

Two PG 25 - Senior Data Base Analyst

The System Project Analysts will be addressing the following duties and responsibilities, all of which are unique to the Medicaid Managed Care Pilot and the Encounter Data project: Provide Agency technical systems expertise in the Florida Medicaid Management Information System to guide/instruct HMOs and Provider Service Networks (PSNs) through the various type claims submission processes unique to the Pilot and Encounter Data programs. Provide internal technical consultant

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AGENCY/HEALTH CARE ADMIN				68000000
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<u>PUBLIC PROTECTION</u>				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
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services to Agency bureau staff that also interact with the Pilot HMOs and PSNs. Perform analyses to identify potential claims submission and internal Systems problems and institute changes to the MMIS to correct deficiencies and enhance the claims processing operations peculiar to the Pilot. Coordinate with other Agency bureau staff to devise appropriate reporting mechanisms and reports to be provided to both Agency staff and Pilot providers.

Conduct system studies of the Fiscal Agent's operations to ensure the proper edits and audits are performed in order to prevent erroneous payment of PSN Direct Submitter medical claims and pricing of encounter claims. Conduct system studies of the Fiscal Agent's operations to ensure the proper tracking of PSN claims and encounter claims through the system and their identification when they are not processed within contract provisions.

One PG 24 - Medical Health Care Program Analyst
 Coordinate efforts between MCM Provider Enrollment and the Bureau of Health Systems Development and the Bureau of Managed Care staff. Receive and process applications for managed care providers for Pilot counties. Communicate deficiencies to HSD staff and monitor for receipt of corrections. Verify all managers/owners/operators are background screened per s. 409.907, F.S. Direct creation of Provider Master File, Managed Care Plan File, Provider Charge File, and Submitter IDs and Passwords for IDEX and HOST websites. Coordinate and process the provider data necessary to the linking of a Plan's network of treating providers to each managed care plan for the Encounter Data project. Problem solve provider file issues such as: linking of authorized submitter IDs to PSN providers, linking of Third Party Administrators (TPAs) to plans, coordinating submitter IDs to allow correct permissions for claims submission and delivery of remittance voucher (RV) information, administrative fee percentage coding, kick payment rates loading, etc.

Choice Counseling Unit

Two positions are needed in the Choice Counseling Unit to supplement current staff by assisting with the creation of reports and data analysis relating to the Choice Counseling and Enhanced Benefits programs, to assist with the anticipated workload increase associated with the further implementation of Medicaid Managed Care Pilot in contract monitoring of the Choice Counseling and Enhanced Benefits contracts, and to provide the unit with additional administrative support necessary due to the increased workload.

One PG 23 - Operations Management Consultant (OMC) II
 Contract Monitoring for the Choice Counseling (CC) and Enhanced Benefits (EB) contracts. Resolution of beneficiary issues. The OMC II staffer will be addressing the following duties and responsibilities, all of which are unique to Medicaid Managed Care Pilot operations, Choice Counseling (CC) as well as the EB (Enhanced Benefits) program within the Pilot.

1. Assist with the monitoring of the performance standards (Service Level Agreements, or SLAs) of the CC and EB vendors for the CC and EB operations as the Pilot counties roll out operations.
2. Coordinate with the EB and Fiscal Agent vendors to resolve EB issues, data discrepancies, and reporting of data

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to beneficiaries.

3. Coordinate with the EB vendor healthy behaviors record keeping and monitor AR balances.
4. Perform analyses to identify potential data submission and internal Systems problems and coordinate with the FA and CC vendor and EB vendor the changes to the respective operations to correct deficiencies and enhance the data accumulation and reporting functions.

One PG 24 - Medical Health Care Program Analyst

Monitoring Choice Counseling field counseling activities, choice counseling phone activities. The Analyst staffer will be addressing the following duties and responsibilities, all of which are unique to Medicaid Managed Care Pilot operations, Choice Counseling (CC) as well as the EB (Enhanced Benefits) program within the Pilot.

1. Monitor (on-site and desk review) the performance standards (Service Level Agreements, or SLAs) of the CC and EB vendors for the CC and EB operations as the Pilot counties roll out operations.
2. Communicate file transfer and file content deficiencies to HSD bureau staff for participating Plans and monitor for receipt of corrections.
3. Coordinate the CC phone and face to face activities to ensure waiver requirements for CC are being met and beneficiary needs appropriately addressed, county by county as/when included in the roll-out.
4. Provide internal technical consultant services to agency bureau staff who also interact with the Pilot HMOs and PSNs.

Bureau of Quality Management:

Six Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Quality Management

These positions are needed to supplement current staff responsible for project management, risk adjusted rates and risk scores and Medicaid Encounter Data unit. The positions are necessary to assist with the expected additional workload associated with the further implementation of the Medicaid Managed Care Pilot.

Project Management

Medicaid has become successful in implementing large projects by institutionalizing project management principles and by using certified Project Managers (PMs) to coordinate and manage these projects. The demand for project management resources has far exceeded the staff available (five PMs). On average Medicaid receives over 120 legislatively mandated projects, reports and operational tasks and manages an ongoing portfolio of projects of over 170 projects annually. (Examples of projects include large projects such as implantation of the Pilot, MEDS, Transportation, as well as smaller

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projects.) Their tasks include but are not limited to directing and working with assigned individual project teams to maintain a high level of quality while ensuring the project stays on schedule, and within budget. Project management standards will be adhered to where communication, project documentation, mitigation of risks and timely feedback to Senior Management of project progress and customer concerns are addressed. Also the addition of this position will assist Medicaid in meeting the requirement of having certified project managers participate in all large scale Invitations to Negotiate and manage Agency initiatives to which Medicaid is involved. On average Project Managers can manage 2-3 teams simultaneously depending on the size of the team. The PMO formally manages between 10-12 project teams (in addition to the Pilot) and 5-6 special projects and process improvement projects annually. During the initial implementation of the Pilot there were insufficient project managers to manage Medicaid projects and Pilot implementation. Management diverted 100% of the Project Management Office's resources to managing implementation. The result was successful implementation of the Pilot, but there was significant impact to other Medicaid projects. Programs such as Prepaid Therapies, EQRO, Portfolio Management (Medicaid's 170 legislatively mandated projects) were delayed, some more than a year.

One PG 26 - Government Analyst II- Project Manager - Outreach Coordinator
 In the first years of the Medicaid Managed Care Pilot effort, we learned that substantial planning was necessary to coordinate the outreach efforts in the first five counties. In order for the expansion effort to be successful, providers and beneficiaries need to be informed by the Agency and its contractors. The message must be consistent and clear to counter misinformation brought on by confusion and uncertainly relating to the move to managed care. The Outreach Coordinator would be a certified project manager with experience in large scale projects. In addition to managing a project team of headquarters and area staff, the position would be responsible for contracting of any and all elements of the outreach activities such as negotiating site location and preparation, noticing, arranging interpreters and inviting guests. In addition, the position would work with other Project Management Office staff to collect and route all presentations and materials, coordinate speakers, and prepare all meeting materials. Outreach meetings will be held in each Area of expansion prior to the implementation date. Due to the large and diverse population in Area 11, multiple meeting venues would be necessary. Follow up meetings will be coordinated after the first few months of implementation. Additional rate is necessary to attract and retain a qualified project manager. It is expected that there would be at least two meetings per month every month throughout rollout of the Medicaid Managed Care Pilot (24+ meetings per year). After rollout is complete, this manager would assist in managing Medicaid's ever growing portfolio of 170+ legislatively mandated projects and decreasing our dependency on contract project manager that cost over \$125 per hour as staff augmentation.

One PG 26 - Government Analyst II- Project Manager
 This position would be assigned solely to the management of Pilot expansion activities. As learned in the first years of the Pilot demonstration, the major activities include plan contract and amendment coordination (plan readiness), system readiness and choice counseling. Up to seven project teams may be necessary to implement the expansion effort with eight to twelve members per team. These teams are in addition to teams that are necessary for other functions within Medicaid. A dedicated position is required to ensure proper planning of the schedule and tracking of milestones and deadlines. This position should be held by a certified project manager with experience managing large projects. Additional rate is

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PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
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necessary to attract and retain a qualified project manager. Addition of this position will allow us to decrease our dependency on contract project managers that cost over \$125 per hour as staff augmentation. After rollout is complete this manager would assist in managing Medicaid's ever growing portfolio of 170+ legislatively mandated projects.

One PG 24 - Operation Review Specialist Project Administrator/Business Analyst
 This position would support the additional project workload brought on by the additional teams and meetings. Responsibilities would include note taking, meeting summaries, agenda distribution, and the logistics of room scheduling and preparation. This requires someone who is highly organized and has experience coordinating multiple meetings with complex topics. Logistics for up to seven project teams would be supported resulting in weekly agendas and meeting summaries for each. This position will also track documentation of policy decisions by the Governance committee. The position is entry level project administrator who progressively over time will become a Project Manager.

MEDS and Risk Adjustment

As the Pilot expands into additional counties in Florida, Medicaid encounter claims must be collected by the Agency from health plans for payment of risk adjusted capitation rates (RAR). In order to facilitate these submissions, health plans need to be submitting complete and accurate encounter data through MEDS (Medicaid Encounter Data System). Health plans are varied in their experience with encounter data and risk adjustment principles. Some of these Health Plans will include: health maintenance organizations (HMOs); prepaid mental health plans (PMHPs); prepaid dental health plans (PDHPs); capitated provider service networks (PSNs); Nursing Home Diversion Program (NHDP); Florida Senior Care; and any contracted vendor paid a capitated or fixed payment for services rendered, but not currently captured in FMMIS, to Medicaid beneficiaries. Importance of data includes: service utilization tracking and trending; provider and plan profiling; plan performance measures and benchmarks; detecting anomalies such as under or over-utilization of services; tracking of health plan contract requirements, enhanced benefits for the Pilot, benefit limits for the Pilot; rate setting; risk acuity beneficiary scores; and for risk adjustment of health plan capitation rates. The initial collection of encounter data was expedited due to the requirements for risk adjustment in the Pilot. As an interim solution, a minimum data set of pharmacy data was used with a pharmacy risk adjustment model to fulfill these requirements. The long term solution was the collection of all Medicaid service data in a standard HIPAA format. Existing staff resources, along with consultants, were used to design and develop procedures and systems to this end. However, the operational activities necessary to develop MEDS into a mature system with quality and useable data, along with start-up activities of health plans under the Pilot, justify additional positions. The responsibilities of these positions will include, at a minimum, the following:

- Continuous development of governing policies and rules for encounter data;
- Support of submission documentation as it relates to business and technical specifications;
- Technical analysis, support, and communication, related to the HIPAA transaction formats and fiscal agent EDI gateway access and processing requirements;

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- Statistical analysis to identify trends, utilization patterns, outliers, plan performance, completeness of data, and areas for improvement;
- Analysis of data and validation of procedural and diagnostic information required for risk adjustment scores and plan factors;
- Development of reports and website for feedback to plans on their data submissions and plan performance; tracking of contractual obligations; internal monitoring and profiling and performance of the plans.

One PG 25 - Senior Database Analyst

For the back-end analysis of encounter data to ensure that health plans submit complete and accurate encounter data. This position will be responsible for statistical analyses of data, identifying any anomalies or gaps in health plan submitted encounter data, and developing feedback mechanisms to the health plan for reporting on and improving the data. This will also involve measuring health plan performance in various Medicaid provided services as well as geographic areas. This position will also be responsible for identifying improvements required on the state side, such as CPT or ICD-9 codes to be added to our system for capitated health plans. Will conduct on-site visits to health plans for encounter data business processes and readiness.

Two PG 25 - Senior Database Analyst

For ongoing and future encounter data operations and risk adjustment processes and requirements. One of these positions will focus on the continuous governing policies and rules for encounter data, the tracking of contractual requirements for encounter data submissions, and communication with health plans. The second position will focus more on analyzing the data coming from the health plans in terms of requirements for risk adjusting rates. This position will be required to have an in-depth knowledge of the CDPS (Chronic Illness and Disability Payment System) risk model, and the processes involved in the development of beneficiary risk scores and health plan risk factors. These two positions will work together to ensure that health plans understand all requirements for encounter data submission and the resulting use of these data to set risk adjusted rates. To ensure that health plans are submitting complete and accurate encounter data to the Agency, on-site visits to health plans must be conducted for micro-validation of encounter data. This will include an assessment of the health plan's business processes for collecting encounter data from their providers and submitting this information to the state. Sampling of submitted encounter claims and subsequent medical record review will also be required. At least two staff experienced in MEDS or RAR will be necessary to conduct these comprehensive on-site visits, and the current budget does not allow for travel to health plans to assess their encounter data readiness which will ultimately impact their risk-adjusted rates. This position will conduct on-site visits to health plans for encounter data business processes and readiness. We anticipate that the initial expansion of the Pilot to Area 11 and the Panhandle will involve as many as 15 HMO's and 9 PSN's with an aggregate eligible enrollment of 290,384. From this population we can expect approximately 725,960 encounter submissions annually. Based on our early experience and that from other states, we are likely to see a 10% error rate in the encounters that are submitted. Rejected encounter submissions must be tracked to assure timely resubmission by the MCO's. Additional data from other states indicates that

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the level of underreporting of encounter data may be as high as 50%. Checks for encounters without associated medical records as well as encounters with significant discrepancies from the actual medical record must be in place to assure validity of the encounter process and associated rate setting.

Bureau of Medicaid Program Analysis:

Two Full-Time Equivalent (FTE) positions-Medicaid, Bureau of Program Analysis
 These positions are needed to calculate and review capitation rates for managed care organizations and provider service networks in the Pilot, calculate plan reconciliations and perform research and analysis on the risk adjustment methodology and calculate risk scores/ rates for all Pilot plans.

Two PG 26 - Senior Management Analyst II

These positions would support the data and rate needs for the bureau's responsibilities pertaining to the Pilot. Current data and rate tasks take up all available staff time. In fact, since the preparation and implementation of the Pilot, current staff duties and responsibilities have had to be modified to adapt to the new tasks and responsibilities. For example prior to implantation of the Pilot, more staff time was allocated to the review and analyzing of the data tables that are established and maintained for the base of the unit. From this, staff was able to generate monthly tracking and status reports pertaining to the status of budget initiatives passed by the Legislature. In addition, there was ample staff time to prepare and review data requests for other units and outside parties. The implementation of the Pilot has generated additional reports and data tracking tables. Also, the data tracking of Pilot specific eligibility and expenditures that is used to generate the Pilot rates, the rate setting process which requires an additional rate setting process being conducted at the same time by the same staff. To adapt to the current tasks load, the data teams are forced to compress time available to complete tasks and reviews which has increased the possibility of errors that can be very costly to the industry and or the Agency (for example such requests would include legislative bill analyses, impact conference, and LBR requests). The timeline and deadlines for tasks overlap on a regular basis cause the staff to work additional hours which at times for weeks to months require staff to work late into the evenings and weekends to complete such as rate setting and reconciliations. These both have been more than doubled since the implementation of the Pilot.

The addition of two new staff members would allow for the new data tasks that will be generated by new counties entering into Pilot operations to be assumed with the appropriate resources. If additional counties and responsibilities are added to the unit without additional staff, tasks that are currently being squeezed into the task priority list will be replaced by the new tasks. Currently, each position within the System's Support and Focus Review Sections of the bureau, the areas where these positions would be beneficial, carries multiple tasks and are required to take on additional tasks as they are presented as well as the influx of requests at multiple times of the year. During certain times of the year some positions are unable to do more than one task, for example when the behavioral health encounter data is being collected and reviewed, any variance from this task affects the target completion dates and increases the potential for error.

These new positions can and would be measured by the number of requests and error rate of the completed tasks. In

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<u>HEALTH CARE REGULATION</u>				68700700
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<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
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addition, measures could be added to the units as a whole as they are currently not attainable due to the varying priority lists. Regular reporting requirements can be placed into operations which will allow for a proactive view of changes within the Medicaid data can be seen as they are occurring, which could allow for changes in trends to be seen prior to estimating conferences. Performance measures of the positions' knowledge of the program and eligibility could be established. The additional positions would also be able to standardize and document the process of Pilot related data and rates and document the expansion into additional areas. Currently, due to workload, this documentation and tracking is not available.

Medicaid Field Offices:

Seventeen Other Personnel Service (OPS) positions for Medicaid Field Offices (including FO 1, 2, 4, 10 and 11) These positions are needed to supplement current staff in the Medicaid Field Offices in handling the anticipated increased workload associated with the further implementation of the Pilot, and to assist in handling the day to day workload in the office when other staff is reassigned to handle outreach and other Pilot-related tasks during the implementation.

Area 4 and 10 Positions

Three PG 24 - OPS Medical Health Care Program Analyst- Area Offices 4 and 10
 These OPS positions will be used to handle duties in Area 4 and 10 offices while others are training on outreach and program elements in new Pilot Areas. Area Office FTEs will work with Area Offices in the expansion areas assisting them in developing training and educational sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders, develop trainings for PSNs regarding CMS1500 claim billing, strategies for handling an initial increase in provider and beneficiary call volume related to the transition of beneficiaries into Pilot health plans. Train them for additional Area office functions of monthly network adequacy validation surveys to ensure managed care plans provider networks are accurate and certification of new call center and field choice counselors through testing and oral exams. Train area office staff on how to receive, resolve, and input Pilot plan beneficiary and provider related issues and complaints into a newly developed tracking database.

Area 11 Positions

One PG 24 - OPS Medical Health Care Program Analyst-Area 11
 Due to the size and complexity of the Medicaid population in Area 11, this position will be needed to take the lead in planning, coordinating and conducting outreach and training for the Pilot. Coordinate all Pilot activities and monitors the activities of the three senior specialists, track outcomes related to the Pilot. Keep management advised of the status on all Pilot issues. Assist the PG 22s with all of their functions as time permits

Three PG 22 - OPS Senior Human Services Program Specialist-Area 11
 Plan, develop, and coordinate public meetings for education of the general public. Plan, develop and coordinate detailed

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	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

training sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders. Coordinate with Health Systems Development Contract Manager(s). Attend daily Project Management Team development meetings/conference calls. Develop, train, and certify the fiscal agent field choice counselor. Assist the field choice counselors with problematic or medically complex issues. Recruit potential MCOs and/or providers to participate in the Pilot. Act as liaison between the beneficiary and their health plan to assist with managed care navigation or any other issue they may have. Provide additional training associated with PSN claims processing, reimbursement, and Medicaid services policy issues. Receive, investigate, and respond to telephone and written inquiries and complaints received from beneficiaries, providers, agency staff, community agencies, legislative staff, and the public regarding the Pilot. Maintain statistical data on the Pilot. Maintain knowledge of Pilot policy and changes. Educate other state agencies on Pilot policies. Educate AHCA staff on Pilot policies. Act as local liaison for MCOs, PSN, ASN, etc. Receive incoming calls related to the transition of beneficiaries into the Pilot health plans. Coordinate Pilot plan beneficiary and provider related issues and complaints. Assist with complex issues regarding new Enhanced Benefits Rewards (EBR) program which cannot be resolved by pharmacies or EBR call center. Conduct network adequacy validation surveys to ensure accuracy of managed care plans provider networks. Attend hearing requests due to Pilot changes. Conduct ongoing outreach regarding the Pilot. Initiate process improvement where indicated.

One PG 15 - OPS Records Analyst-Area 11

Receive incoming phone calls. Maintain training registration web site. Conduct registration and related activities. Maintain outreach materials, publications, etc. Assist with maintaining statistical data reports and preparing training and outreach material. Other duties relating to the Pilot, as assigned.

Area 1 and 2 Positions

Two PG 22 - OPS Senior Human Services Program Specialist-Area 1

Plan, develop, and coordinate public meetings for education of the general public. Plan, develop and coordinate detailed training sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders. Coordinate with Health Systems Development Contract Manager(s). Attend daily Project Management Team development meetings/conference calls. Develop, train, and certify the fiscal agent field choice counselor. Assist the field choice counselors with problematic or medically complex issues. Recruit potential MCOs and/or providers to participate in the Pilot. Act as liaison between the beneficiary and their health plan to assist with managed care navigation or any other issue they may have. Provide additional training associated with PSN claims processing, reimbursement, and Medicaid services policy issues. Receive, investigate, and respond to telephone and written inquiries and complaints received from beneficiaries, providers, agency staff, community agencies, legislative staff, and the public regarding the Pilot. Maintain statistical data on the Pilot. Maintain knowledge of Pilot policy and changes. Educate other state agencies on Pilot policies. Educate non-Pilot AHCA staff on Pilot policies. Act as local liaison for MCOs, PSN, ASN, etc. Receive incoming calls related to the transition of beneficiaries into Pilot health plans. Coordinate Pilot plan beneficiary and provider related issues and complaints. Assist with complex issues regarding the new Enhanced Benefits (EB) program which cannot be resolved by pharmacies or EB call center. Conduct network adequacy validation surveys to ensure accuracy of managed care plans provider networks. Attend hearing requests due to Medicaid Pilot changes. Conduct ongoing outreach

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

regarding Medicaid Pilot. Initiate process improvement where indicated.

Four PG 22 - OPS Senior Human Services Program Specialist-Area 2
 Plan, develop, and coordinate public meetings for education of the general public. Plan, develop and coordinate detailed training sessions for beneficiaries, providers, advocates, community partners, legislators, and other stakeholders. Coordinate with Health Systems Development Contract Manager(s). Attend daily Project Management Team development meetings/conference calls. Develop, train, and certify the fiscal agent field choice counselor. Assist the field choice counselors with problematic or medically complex issues. Recruit potential MCOs and/or providers to participate in the Pilot. Act as liaison between the beneficiary and their health plan to assist with managed care navigation or any other issue they may have. Provide additional training associated with PSN claims processing, reimbursement, and Medicaid services policy issues. Receive, investigate, and respond to telephone and written inquiries and complaints received from beneficiaries, providers, agency staff, community agencies, legislative staff, and the public regarding the Pilot. Maintain statistical data on the Pilot. Maintain knowledge of Pilot policy and changes. Educate other state agencies on the Pilot policies. Educate non-Pilot AHCA staff on the Pilot policies. Act as local liaison for MCOs, PSN, ASN, etc. Receive incoming calls related to the transition of beneficiaries into Pilot health plans. Coordinate Pilot plan beneficiary and provider related issues and complaints. Assist with complex issues regarding new Enhanced Benefits Rewards (EBR) program which cannot be resolved by pharmacies or EBR call center. Conduct network adequacy validation surveys to ensure accuracy of managed care plans provider networks. Attend hearing requests due to Pilot changes. Conduct ongoing outreach regarding the Pilot. Initiate process improvement where indicated.

One PG 15 - OPS Records Analyst-Area 1
 This position is needed to support Pilot implementation in Area 1. The position will receive incoming phone calls, maintain the Pilot training registration web site, conduct training registration and related activities, maintain Pilot outreach materials, publications, assist with maintaining statistical data reports, and be responsible for preparing training and outreach material.

Two PG 15 - OPS Records Analyst-Area 2
 This position is needed to support the Pilot implementation in Area 2. The position will receive incoming phone calls, maintain Pilot training registration web site, conduct training registration and related activities, maintain Pilot outreach materials, publications, assist with maintaining statistical data reports, and be responsible for preparing training and outreach material.

Contracted Services:

Choice Counseling:

\$3,793,606 in additional contract funds are requested to fund the Pilot's Choice Counseling contract, to cover the costs of serving an additional 290,000 beneficiaries as Medicaid Managed Care Pilot expands into Area 11 and the Panhandle, as well as costs of enhancement to the current contract.

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>PUBLIC PROTECTION</u>				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

\$236,365 in additional expense funds are requested for additional necessary equipment, printing, outreach, meeting costs, monitoring and readiness site visits and travel.

Current staffing cannot be reassigned to handle workload created by the shift to managed care for the following reasons:

- Until such time that the entire Medicaid population is moved into managed care, staff currently assigned to maintain the fee-for-service program must be retained.
- Even in areas where the Pilot currently exists, there are populations that are excluded and continue to be fee-for-service. Area Office Staff must maintain knowledge and skills necessary to serve these populations.
- Medicaid Services' main responsibility is setting Medicaid coverage and limitations policy. This function would continue even if all Medicaid beneficiaries were in managed care plans, because the plans are held to the coverage standards in the 42 policy handbooks.
- Many Medicaid Services staff work on home and community based services waiver programs or selective contracting waivers (e.g., Statewide Inpatient Psychiatric Program), which are currently excluded from managed care.
- Many Medicaid Services staff oversee utilization management contracts or are themselves engaged in prior authorization (e.g., inpatient hospital, home health, and DME prior authorization). These functions are not eliminated until most services and beneficiaries have converted to managed care. (e.g., We previously had two positions and two contracts devoted to mental health utilization management, but now that the vast majority of mental health is under a prepaid arrangement, we have one contract under one FTE that also has other duties. We converted the FTE that had been freed up to become a Prepaid Mental Health Plan contract manager.)
- There are some new responsibilities that come with managed care: Plan application review/plan procurement and contract monitoring (e.g., we have added about ten positions over the years to manage the Prepaid Mental Health Plans and Florida Senior Care)
- External Quality Review Organization (we converted one FTE from other duties and added one OPS position to staff this contract)
- Even as some duties diminish because of managed care, new programs are added, which take staff resources (e.g., External Quality Review Organization, substance abuse local match program, Child Welfare Prepaid Mental Health plan, incontinence supply changes to waivers, Balanced Budget Act claims review, PACE expansion, hospitalist).

BUDGET SUMMARY:

CLASS TITLE	CC	PG	FTE	ANNUAL RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	HR SVCS	CONT SVCS	FY 09-10 TOTAL
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	COL A03			COL A04			COL A05			CODES
	AGY REQUEST FY 2009-10	POS	AMOUNT	AGY REQ N/R FY 2009-10	POS	AMOUNT	AG REQ ANZ FY 2009-10	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN										68000000
PGM: HLTH CARE REGULATION										68700000
HEALTH CARE REGULATION										68700700
PUBLIC PROTECTION										12
<u>MANAGED CARE</u>										<u>1205.02.00.00</u>
WORKLOAD										3000000
EXPANSION OF MEDICAID MANAGED CARE PILOT PROGRAM										3003A10

Med Health Care Prog Anal	5875	24	9	\$369,954	\$510,912	\$128,880	\$0	\$3,582	\$0	\$643,374
Operations Man Con II	2236	23	3	\$116,427	\$162,192	\$42,960	\$0	\$1,194	\$0	\$206,346
Senior Data Base Analyst	2122	25	5	\$218,375	\$298,961	\$71,600	\$0	\$1,990	\$0	\$372,551
Admin Secretary	0108	12	1	\$22,541	\$34,913	\$14,320	\$0	\$39	\$0	\$49,272
Systems Project Anal	2107	24	2	\$82,212	\$113,536	\$28,640	\$0	\$796	\$0	\$142,942
Government Analyst II	2225	26	2	\$93,120	\$126,376	\$28,640	\$0	\$796	\$0	\$155,812
Operational Review Spec	2239	24	1	\$41,106	\$56,768	\$14,320	\$0	\$398	\$0	\$71,486
SMA II	2225	26	2	\$93,120	\$126,376	\$28,640	\$0	\$796	\$0	\$155,813
TOTAL			25	\$1,036,855	\$1,430,034	\$358,000	\$0	\$9,950	\$0	\$1,797,984

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

	RECURRING	NON-RECURRING	TOTAL	FY 2009-10	FY 2009-10	FY 2009-10
Salaries and Benefits (010000)						
General Revenue 1000 (FSI 2)				\$658,249	\$0	\$658,249
Medical Care Trust Fund 2474 (FSI 3)				\$658,249	\$0	\$658,249
Total				\$1,316,498	\$0	\$1,316,498
OPS (030000)						
General Revenue 1000 (FSI 2)				\$352,353	\$0	\$352,353
Medical Care Trust Fund 2474 (FSI 3)				\$352,354	\$0	\$352,354
Total				\$704,707	\$0	\$704,707
Expenses (040000)						
General Revenue 1000 (FSI 2)				\$359,683	\$60,876	\$420,559
Medical Care Trust Fund 2474 (FSI 3)				\$359,683	\$60,876	\$420,559
Total				\$719,366	\$121,752	\$841,118
OCO (060000)						
General Revenue 1000 (FSI 2)				\$0	\$19,543	\$19,543
Medical Care Trust Fund 2474 (FSI 3)				\$0	\$19,544	\$19,544
Total				\$0	\$39,087	\$39,087
Transfer to DMS HR Outsourcing (107040)						
General Revenue 1000 (FSI 2)				\$5,699	\$0	\$5,699

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10
Medical Care Trust Fund 2474 (FSI 3)		\$5,699	\$0	\$5,699
Total		\$11,398	\$0	\$11,398
Contracted Services (100777)				
General Revenue 1000 (FSI 2)		\$1,908,303	\$0	\$1,908,303
Medical Care Trust Fund 2474 (FSI 3)		\$1,908,303	\$0	\$1,908,303
Total		\$3,816,606	\$0	\$3,816,606
Total Issue				
General Revenue 1000 (FSI 2)		\$3,284,287	\$80,419	\$3,364,706
Medical Care Trust Fund 2474 (FSI 3)		\$3,284,288	\$80,420	\$3,364,708
Issue Total		\$6,568,575	\$160,839	\$6,729,414
SOURCE OF FUNDS:				
General Revenue (State 50%)				
Medical Care Trust Fund (Federal 50%)				
Health Care Regulation (68700700)				
Managed Care (1205020000)				
RECURRING	NON-RECURRING	TOTAL		
			FY 2009-10	FY 2009-10
				FY 2009-10
Salaries and Benefits (010000)				
General Revenue 1000 (FSI 2)		\$56,768	\$0	\$56,768
Health Care Trust Fund (FSI 3)		\$56,768	\$0	\$56,768
Total		\$113,536	\$0	\$113,536
Expenses (040000)				
General Revenue 1000 (FSI 2)		\$11,320	\$3,000	\$14,320
Health Care Trust Fund (FSI 3)		\$11,320	\$3,000	\$14,320
Total		\$22,640	\$6,000	\$28,640
Transfer to DMS HR Outsourcing (107040)				
General Revenue 1000 (FSI 2)		\$398	\$0	\$398
Health Care Trust Fund (FSI 3)		\$398	\$0	\$398
Total		\$796	\$0	\$796
Total Issue				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
PUBLIC PROTECTION				12
<u>MANAGED CARE</u>				<u>1205.02.00.00</u>
WORKLOAD				3000000
EXPANSION OF MEDICAID MANAGED				
CARE PILOT PROGRAM				3003A10

General Revenue 1000 (FSI 2)	\$68,486	\$3,000	\$71,486
Health Care Trust Fund (FSI 3)	\$68,486	\$3,000	\$71,486
Issue Total	\$136,972	\$6,000	\$142,972

SOURCE OF FUNDS:
 General Revenue (State 50%)
 Health Care Trust Fund (Federal 50%)

 POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A03 - AGY REQUEST FY 2009-10							
NEW POSITIONS							
5875 MEDICAL/HEALTH CARE PROGRAM ANALYST							
N5001 001	2.00	82,212		31,324	113,536	0.00	113,536
TOTALS FOR ISSUE BY FUND							
1000 GENERAL REVENUE FUND							56,768
2003 HEALTH CARE TRUST FUND							56,768
	2.00	82,212		31,324	113,536		113,536

TOTAL: MANAGED CARE							<u>1205.02.00.00</u>
BY FUND TYPE							
GENERAL REVENUE FUND	1,081,778	3,000					1000
TRUST FUNDS	3,692,590	3,000					2000
TOTAL POSITIONS..... 45.00							
TOTAL PROG COMP..... 4,774,368							
TOTAL SALARY RATE..... 2,175,756							

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				<u>1602.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SALARY RATE				000000
SALARY RATE.....	436,134			
=====				
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE	6.00	573,926		2003 1
=====				
EXPENSES				040000
GENERAL REVENUE FUND -STATE		15,598		1000 1
=====				
HEALTH CARE TRUST FUND -STATE		82,801		2003 1
-MATCH		3,777		2003 2
-FEDERL		3,778		2003 3

TOTAL HEALTH CARE TRUST FUND		90,356		2003
=====				
TOTAL APPRO.....		105,954		
=====				
OPERATING CAPITAL OUTLAY				060000
GENERAL REVENUE FUND -STATE		2,608		1000 1
=====				
HEALTH CARE TRUST FUND -MATCH		3,521		2003 2
-FEDERL		2,652		2003 3

TOTAL HEALTH CARE TRUST FUND		6,173		2003
=====				
TOTAL APPRO.....		8,781		
=====				
SPECIAL CATEGORIES				100000
TRANS TO DIV ADM HEARINGS				100565
HEALTH CARE TRUST FUND -STATE		959,065		2003 1
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				<u>1602.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
SPECIAL CATEGORIES				100000
CONTRACTED SERVICES				100777
HEALTH CARE TRUST FUND -STATE		2,290		2003 1
MEDICAID SURVEILLANCE				102100
HEALTH CARE TRUST FUND -STATE		13,435		2003 1
RISK MANAGEMENT INSURANCE				103241
GENERAL REVENUE FUND -STATE		4,343		1000 1
HEALTH CARE TRUST FUND -STATE		8,550		2003 1
-MATCH		1,793		2003 2
-FEDERL		1,792		2003 3
TOTAL HEALTH CARE TRUST FUND		12,135		2003
TOTAL APPRO.....		16,478		
TR/DMS/HR SVCS/STW CONTRCT				107040
GENERAL REVENUE FUND -STATE		8		1000 1
-MATCH		9		1000 2
TOTAL GENERAL REVENUE FUND		17		1000
HEALTH CARE TRUST FUND -STATE		2,723		2003 1
-MATCH		7		2003 2
-FEDERL		139		2003 3
TOTAL HEALTH CARE TRUST FUND		2,869		2003
TOTAL APPRO.....		2,886		

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
	POS	AMOUNT	POS	AMOUNT
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
HEALTH CARE REGULATION				68700700
GOV OPERATIONS/SUPPORT				16
EXEC LEADERSHIP/SUPPRT SVC				<u>1602.00.00.00</u>
ESTIMATED EXPENDITURES				1000000
ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL: ESTIMATED EXPENDITURES - OPERATIONS				1001000
TOTAL POSITIONS.....	6.00			
TOTAL ISSUE.....		1,682,815		
TOTAL SALARY RATE.....		436,134		
=====				
ADJUSTMENT TO STATE HEALTH				
INSURANCE PREMIUM CONTRIBUTION -				
FISCAL YEAR 2008-09				1001800
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		1,092		2003 1
=====				
ADJUSTMENT TO STATE LIFE AND				
DISABILITY INSURANCE CONTRIBUTION				
RATES - FISCAL YEAR 2008-09				1001910
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		370-		2003 1
=====				
ANNUALIZATION OF ADMINISTERED				
FUNDS APPROPRIATIONS				26A0000
STATE HEALTH INSURANCE PREMIUM				
CONTRIBUTION - 10 MONTHS				
ANNUALIZATION				26A1800
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		5,460		2003 1
=====				

	COL A03	COL A04	COL A05	
	AGY REQUEST	AGY REQ N/R	AG REQ ANZ	
	FY 2009-10	FY 2009-10	FY 2009-10	
POS	AMOUNT	POS	AMOUNT	POS
				AMOUNT
				CODES
AGENCY/HEALTH CARE ADMIN				68000000
PGM: HLTH CARE REGULATION				68700000
<u>HEALTH CARE REGULATION</u>				68700700
<u>GOV OPERATIONS/SUPPORT</u>				16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>				<u>1602.00.00.00</u>
ANNUALIZATION OF ADMINISTERED				
FUNDS APPROPRIATIONS				26A0000
LIFE AND DISABILITY INSURANCE				
REDUCTION - 6 MONTHS ANNUALIZATION				26A2000
SALARIES AND BENEFITS				010000
HEALTH CARE TRUST FUND -STATE		370-		2003 1
TOTAL: EXEC LEADERSHIP/SUPPRT SVC				<u>1602.00.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND	22,566			1000
TRUST FUNDS	1,666,061			2000
TOTAL POSITIONS.....	6.00			
TOTAL PROG COMP.....	1,688,627			
TOTAL SALARY RATE.....	436,134			
TOTAL: HEALTH CARE REGULATION				68700700
BY FUND TYPE				
GENERAL REVENUE FUND	2,761,842	3,000		1000
TRUST FUNDS	52,117,318	1,015,100		2000
TOTAL POSITIONS.....	641.00			
TOTAL BUREAU.....	54,879,160	1,018,100		
TOTAL SALARY RATE.....	29,623,964			