

BNEADL01 LAS/PBS SYSTEM
BUDGET PERIOD: 2004-2015
STATE OF FLORIDA

SCHEDULE VIIIIB-2
PRIORITY LISTING FOR POSSIBLE REDUCTION
FOR REQUEST YEAR

SP 10/15/2013 17:12 PAGE: 1
ERROR REPORT

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

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
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>
PROGRAM REDUCTIONS			33V0000
REDUCTION IN CONTRACTED SERVICES			
CATEGORY			33V0550
SPECIAL CATEGORIES			100000
CONTRACTED SERVICES			100777
GENERAL REVENUE FUND	-MATCH	1,942,233-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	1,942,233-	2474 3
TOTAL APPRO.....		3,884,466-	
		=====	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #2

IT COMPONENT? NO

ISSUE TITLE: Reduction in Contracted Services Category

ISSUE SUMMARY: This issue proposes a reduction of \$3,884,466 in the Contracted Services category for a contract associated with the electronic verification of home health visits known as the Telephony Project. This contract provides for the implementation of a statewide home health services monitoring pilot project, in counties deemed cost effective, to verify the utilization and delivery of home health services. This proposed reduction can be achieved because the number of fee-for-service (FFS) home health services claims will decrease as a result of implementing the Managed Medical Assistance (MMA) component of the Statewide Medicaid Managed Care (SMMC) program.

ISSUE DETAIL: Claims for delivery of home health services must be submitted electronically to the Agency for Health Care Administration's (AHCA) contracted Fiscal Agent. These services are provided in the FFS Medicaid system. In Fiscal Year 2014-2015, the AHCA will fully implement the MMA component of the SMMC program, and there will be markedly fewer Medicaid recipients who receive services based on FFS. Therefore, this contract can be reduced to reflect the significantly fewer FFS home health services claims to validate.

BUDGET SUMMARY: This issue proposes a reduction in the Executive Direction and Support Services budget entity to General Revenue by \$1,942,233 and to budget authority in the Medical Care Trust Fund by \$1,942,233 for a total reduction of \$3,884,466 in Fiscal Year 2014-2015 in the Contracted Services category. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Contracted Services (100777)			
General Revenue (1000 - 2)	(\$1,942,233)	\$0	(\$1,942,233)
Medical Care Trust Fund (2474 - 3)	(\$1,942,233)	\$0	(\$1,942,233)

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
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>
PROGRAM REDUCTIONS		33V0000
REDUCTION IN CONTRACTED SERVICES		
CATEGORY		33V0550

Issue Total (\$3,884,466) \$0 (\$3,884,466)

TOTAL: EXEC LEADERSHIP/SUPPRT SVC		<u>1602.00.00.00</u>
BY FUND TYPE		
GENERAL REVENUE FUND	1,942,233-	1000
TRUST FUNDS	1,942,233-	2000

TOTAL PROG COMP.....	3,884,466-	
	=====	

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES
AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
NURSING HOME RATE REDUCTION			33V7010
SPECIAL CATEGORIES			100000
HOSPICE SERVICES			101575
GENERAL REVENUE FUND	-MATCH 5,186,610-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 7,466,744-		2474 3
TOTAL APPRO.....	12,653,354-		

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #8

IT COMPONENT? NO

ISSUE TITLE: Nursing Home Rate Reduction

ISSUE SUMMARY: This issue proposes to reduce the reimbursement rates for nursing home services by 5.525 percent. This rate reduction would result in a budgetary reduction of \$180,319,324 in Fiscal Year 2014-2015. The reduction amount includes the impact to hospice services and the proportionate federal share.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) will achieve the proposed reduction by decreasing the reimbursement rates for nursing home services by 5.525 percent, which includes the impact on hospice services. The proposed reduction to the reimbursement rates for nursing home services, including the impact to hospice services, would have an effective date of July 1, 2014. Legislative authority is needed to achieve this reduction.

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

			Rate Change	FY 2014-15
			Difference	Reduction
NURSING HOME CARE		5.525%		
Skilled Caseload	10,840	10,840		
Skilled Care Unit Cost	\$5,720.26	\$5,404.22	(\$316.04)	
Skilled Care Total Cost	\$744,091,601	\$702,980,938	(\$ 41,110,663)	(\$ 41,110,663)
Crossover Caseload	370	370		
Crossover Unit Cost	\$976.25	\$976.25	\$0.00	
Crossover Total Cost	\$4,334,537	\$4,334,537	\$0	\$0
Intermediate Care Caseload	32,837	32,837		
Intermediate Care Unit Cost	\$5,715.84	\$5,400.04	(\$315.80)	
Intermediate Care Total Cost	\$2,252,291,006	\$2,127,853,362	(\$124,437,644)	(\$124,437,644)

COL A93
 SCH VIIIIB-2
 REDUCTIONS

POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
NURSING HOME RATE REDUCTION		33V7010

General Care Caseload	567	567		
General Care Unit Cost	\$5,633.20	\$5,321.96	(\$311.24)	
General Care Total Cost	\$38,328,279	\$36,210,616	(\$2,117,663)	(\$ 2,117,663)
Special Payments Nursing Homes	\$11,002,179	\$11,002,179	\$0	\$0
HOSPICE SERVICES				
Caseload	10,729	10,729		
Unit Cost	\$2,505.37	\$2,407.09	(\$98.28)	
Total Cost	\$322,560,853	\$309,907,499	(\$12,653,354)	(\$12,653,354)

BUDGET SUMMARY: This issue proposes a reduction of \$180,319,324 in the Medicaid Services for Individuals budget entity and the Medicaid Long-term Care budget entity to reflect a reimbursement rate reduction for nursing home services. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Hospice Services (101575)			
General Revenue (1000 - 2)	(\$ 5,186,610)	\$0	(\$ 5,186,610)
Medical Care Trust Fund (2474 - 3)	(\$ 7,466,744)	\$0	(\$ 7,466,744)
Total	(\$ 12,653,354)	\$0	(\$ 12,653,354)
Nursing Home Care (102233)			
General Revenue (1000 - 2)	(\$ 68,726,281)	\$0	(\$ 68,726,281)
Medical Care Trust Fund (2474 - 3)	(\$ 98,939,689)	\$0	(\$ 98,939,689)
Total	(\$167,665,970)	\$0	(\$167,665,970)
General Revenue (1000 - 2)	(\$ 73,912,891)	\$0	(\$ 73,912,891)
Medical Care Trust Fund (2474 -3)	(\$106,406,433)	\$0	(\$106,406,433)
Issue Total	(\$180,319,324)	\$0	(\$180,319,324)

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
HOSPITAL OUTPATIENT RATE REDUCTION			33V7020
SPECIAL CATEGORIES			100000
HOSPITAL OUTPATIENT SVCS			101596
GENERAL REVENUE FUND	-MATCH	12,300,332-	1000 2
GRANTS AND DONATIONS TF	-MATCH	10,076,196-	2339 2
MEDICAL CARE TRUST FUND	-FEDERL	41,063,198-	2474 3
REFUGEE ASSISTANCE TF	-FEDERL	131,250-	2579 3

TOTAL APPRO.....		63,570,976-	
		=====	
PREPAID HEALTH PLANS			102673
GENERAL REVENUE FUND	-MATCH	9,715,600-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	13,986,767-	2474 3
REFUGEE ASSISTANCE TF	-FEDERL	150,730-	2579 3

TOTAL APPRO.....		23,853,097-	
		=====	
TOTAL: HOSPITAL OUTPATIENT RATE REDUCTION			33V7020
TOTAL ISSUE.....		87,424,073-	
		=====	

AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #6

IT COMPONENT? NO

ISSUE TITLE: Hospital Outpatient Rate Reduction

ISSUE SUMMARY: This issue proposes to reduce the reimbursement rates for hospital outpatient services by 5.525 percent. This rate reduction would result in a budgetary reduction of \$87,424,073 in Fiscal Year 2014-2015 with a two-month annualization amount of \$4,770,619 in Fiscal Year 2015-2016. The reduction amount includes the impact to prepaid health plans and the proportionate federal share.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) will achieve the proposed reduction by decreasing the reimbursement rates for hospital outpatient services by 5.525 percent, which includes the impact on prepaid health plans. The proposed reduction to the reimbursement rates for hospital outpatient services would have an effective date of July 1, 2014 and the impact to the prepaid health plans would have an effective date of September 1, 2014. Legislative authority is needed to achieve this reduction.

COL A93 SCH VIIIIB-2 REDUCTIONS		CODES
POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
HOSPITAL OUTPATIENT RATE REDUCTION		33V7020

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

			Rate Change Difference	FY 2014-15 Reduction
HOSPITAL OUTPATIENT SERVICES				
		5.525%		
Medicaid Caseload	1,513,010	1,513,010		
Medicaid Utilization Rate	72.87%	72.87%		
Medicaid Services Per Month	1,102,472	1,102,472		
Medicaid Unit Cost	\$86.97	\$82.17	(\$4.80)	
Medicaid Total Cost	\$1,150,605,892	\$1,087,034,916	(\$63,570,976)	(\$63,570,976)
PREPAID HEALTH PLANS				
Caseload	1,527,905	1,527,905		
Unit Cost	\$259.54	\$257.98	(\$1.56)	
Total Cost	\$4,758,580,604	\$4,729,956,888	(\$28,623,716)	(\$23,853,097)

BUDGET SUMMARY: This issue proposes a reduction of \$87,424,073 in the Medicaid Services for Individuals budget entity to reflect a reimbursement rate reduction for hospital outpatient services. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Hospital Outpatient Services (101596)			
General Revenue (1000 - 2)	(\$12,300,332)	\$0	(\$12,300,332)
Grants & Donations Trust Fund (2339 - 2)	(\$10,076,196)	\$0	(\$10,076,196)
Medical Care Trust Fund (2474 - 3)	(\$41,063,198)	\$0	(\$41,063,198)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 131,250)	\$0	(\$ 131,250)
Total	(\$63,570,976)	\$0	(\$63,570,976)
Prepaid Health Plans (102673)			
General Revenue (1000 - 2)	(\$ 9,715,600)	(\$1,943,120)	(\$11,658,720)
Medical Care Trust Fund (2474 - 3)	(\$13,986,767)	(\$2,797,353)	(\$16,784,120)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 150,730)	(\$ 30,146)	(\$ 180,876)
Total	(\$23,853,097)	(\$4,770,619)	(\$28,623,716)
General Revenue (1000 - 2)	(\$22,015,932)	(\$1,943,120)	(\$23,959,052)
Grants & Donations Trust Fund (2339 - 2)	(\$10,076,196)	\$0	(\$10,076,196)
Medical Care Trust Fund (2474 - 3)	(\$55,049,965)	(\$2,797,353)	(\$57,847,318)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 281,980)	(\$ 30,146)	(\$ 312,126)

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES
AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
HOSPITAL OUTPATIENT RATE REDUCTION			33V7020

Issue Total (\$87,424,073) (\$4,770,619) (\$92,194,692)

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

GENERAL REVENUE FUND	-MATCH	37,910,943-	1000	2
GRANTS AND DONATIONS TF	-MATCH	35,494,169-	2339	2
MEDICAL CARE TRUST FUND	-FEDERL	125,038,458-	2474	3
REFUGEE ASSISTANCE TF	-FEDERL	232,040-	2579	3
TOTAL APPRO.....		198,675,610-	=====	

PREPAID HEALTH PLANS 102673

GENERAL REVENUE FUND	-MATCH	35,277,605-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	55,210,097-	2474	3
REFUGEE ASSISTANCE TF	-FEDERL	575,436-	2579	3
TOTAL APPRO.....		91,063,138-	=====	

TOTAL: HOSPITAL INPATIENT RATE REDUCTION 33V7030
 TOTAL ISSUE..... 289,738,748-
 =====

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #7

IT COMPONENT? NO

ISSUE TITLE: Hospital Inpatient Rate Reduction

ISSUE SUMMARY: This issue proposes to reduce the reimbursement rates for hospital inpatient services by 5.525 percent. This rate reduction would result in a budgetary reduction of \$289,738,748 in Fiscal Year 2014-2015 with a two-month annualization amount of \$18,212,628 in Fiscal Year 2015-2016. The reduction amount includes the impact to prepaid health plans and the proportionate federal share. A new Hospital Inpatient payment methodology, effective July 1, 2013, was

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
HOSPITAL INPATIENT RATE REDUCTION		33V7030

implemented to reimburse inpatient hospital services by Diagnosis Related Group (DRG). This proposed reduction would impact the DRG base rate paid to the hospitals.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) will achieve the proposed reduction by decreasing the reimbursement rates for hospital inpatient services by 5.525 percent, which includes the impact on prepaid health plans. The proposed reduction to the reimbursement rates for hospital inpatient services would have an effective date of July 1, 2014 and the impact to the prepaid health plans would have an effective date of September 1, 2014. Legislative authority is needed to achieve this reduction.

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

			Rate Change	FY 2014-15
			Difference	Reduction
HOSPITAL INPATIENT SERVICES		5.525%		
Medicaid Caseload	1,513,010	1,513,010		
Medicaid Utilization Rate	2.20%	2.20%		
Medicaid Services Per Month	33,343	33,343		
Medicaid Unit Cost	\$1,822.71	\$1,722.01	(\$100.70)	
Medicaid Total Cost	\$3,595,938,641	\$3,397,263,031	(\$198,675,610)	(\$198,675,610)
PREPAID HEALTH PLANS				
Caseload	1,527,905	1,527,905		
Unit Cost	\$259.54	\$253.58	(\$5.96)	
Total Cost	\$4,758,580,604	\$4,649,304,838	(\$109,275,766)	(\$ 91,063,138)

BUDGET SUMMARY: This issue proposes a reduction of \$289,738,748 in the Medicaid Services for Individuals budget entity to reflect a reimbursement rate reduction for hospital inpatient services. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION	TOTAL
		FY 2015-16	
Hospital Inpatient Services (101582)			
General Revenue (1000 - 2)	(\$ 37,910,943)	\$0	(\$ 37,910,943)
Grants & Donations Trust Fund (2339 - 2)	(\$ 35,494,169)	\$0	(\$ 35,494,169)
Medical Care Trust Fund (2474 - 3)	(\$125,038,458)	\$0	(\$125,038,458)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 232,040)	\$0	(\$ 232,040)
Total	(\$198,675,610)	\$0	(\$198,675,610)
Prepaid Health Plans (102673)			
General Revenue (1000 - 2)	(\$ 35,277,605)	(\$ 7,055,522)	(\$ 42,333,127)

COL A93
 SCH VIIIIB-2
 REDUCTIONS

POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
HOSPITAL INPATIENT RATE REDUCTION		33V7030

Medical Care Trust Fund (2474 - 3)	(\$ 55,210,097)	(\$11,042,019)	(\$ 66,252,116)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 575,436)	(\$ 115,087)	(\$ 690,523)
Total	(\$ 91,063,138)	(\$18,212,628)	(\$109,275,766)
General Revenue (1000 - 2)	(\$ 73,188,548)	(\$ 7,055,522)	(\$ 80,244,070)
Grants & Donations Trust Fund (2339 - 2)	(\$ 35,494,169)	\$0	(\$ 35,494,169)
Medical Care Trust Fund (2474 - 3)	(\$180,248,555)	(\$11,042,019)	(\$191,290,574)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 807,476)	(\$ 115,087)	(\$ 922,563)
Issue Total	(\$289,738,748)	(\$18,212,628)	(\$307,951,376)

REDUCE HOSPITAL INPATIENT DIAGNOSIS
 RELATED GROUPS (DRG) TRANSITIONAL
 PAYMENTS

33V7100

SPECIAL CATEGORIES

100000

HOSPITAL INPATIENT SERVICE

101582

GENERAL REVENUE FUND	-MATCH	13,518,034-
MEDICAL CARE TRUST FUND	-FEDERL	18,946,894-
REFUGEE ASSISTANCE TF	-FEDERL	56,031-

1000	2
2474	3
2579	3

TOTAL APPRO..... 32,520,959-
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AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 14-15 NARRATIVE:

IT COMPONENT? NO

Priority #4

ISSUE TITLE: Reduce Hospital Inpatient Diagnosis Related Group (DRG) Transitional Payments

ISSUE SUMMARY: This issue proposes a reduction of \$32,520,959 in the Hospital Inpatient Services category, which is associated with the hospital inpatient diagnosis related group (DRG) transitional payments. Funding was appropriated in Fiscal Year 2013-2014 to distribute to hospitals that were expected to see a decrease in their Medicaid revenue due to the transition to a DRG payment method.

ISSUE DETAIL: In Fiscal Year 2013-2014, the Agency for Health Care Administration (AHCA) was appropriated \$65,027,159 (\$32,520,959 non-recurring) to distribute in quarterly lump-sum payments to rural hospitals that were expected to see a

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
REDUCE HOSPITAL INPATIENT DIAGNOSIS		
RELATED GROUPS (DRG) TRANSITIONAL		
PAYMENTS		33V7100

decrease in their Medicaid revenue due to the transition from a per diem base cost reimbursement payment method to a DRG payment method. This funding was provided to cover a percentage of losses for all non-rural hospitals estimated to lose \$300,000 or more and to set all rural hospitals to budget-neutral.

BUDGET SUMMARY: This issue proposes a reduction of \$32,520,959 in the Medicaid Services for Individuals budget entity to reflect a reduction for hospital inpatient services. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Hospital Inpatient Services (101582)			
General Revenue (1000 - 2)	(\$13,518,034)	\$0	(\$13,518,034)
Medical Care Trust Fund (2474 - 3)	(\$18,946,894)	\$0	(\$18,946,894)
Refugee Assistance Trust Fund (2579 - 3)	(\$ 56,031)	\$0	(\$ 56,031)
Issue Total	(\$32,520,959)	\$0	(\$32,520,959)

REDUCE DIAGNOSTIC IMAGING SERVICES			
CONTRACT			33V7200
SPECIAL CATEGORIES			100000
OTHER LAB & X-RAY SERVICES			102324
GENERAL REVENUE FUND -MATCH	787,008-		1000 2
MEDICAL CARE TRUST FUND -FEDERL	1,132,992-		2474 3
TOTAL APPRO.....	1,920,000-		

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AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #3

IT COMPONENT? NO

ISSUE TITLE: Reduce Diagnostic Imaging Services Contract

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
REDUCE DIAGNOSTIC IMAGING SERVICES		
CONTRACT		33V7200

ISSUE SUMMARY: This issue proposes a reduction of \$1,920,000 in the Other Lab and X-ray Services category for a contract associated with prior authorization of advanced diagnostic imaging services. This proposed reduction can be achieved because the number of fee-for-service (FFS) claims will decrease as a result of implementing the Managed Medical Assistance (MMA) component of the Statewide Medicaid Managed Care (SMMC) program.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) has a contract with a vendor to provide a pre-authorization management program for outpatient diagnostic imaging services that utilizes real-time predictive modeling and applies evidence-based criteria in the decision making process. The vendor ensures that Medicaid recipients receive the most clinically appropriate advanced imaging services according to approved clinical guidelines. These services are provided in the FFS Medicaid system. In Fiscal Year 2014-2015, the AHCA will fully implement the MMA component of the SMMC program, and there will be markedly fewer Medicaid recipients who receive services based on FFS. Therefore, this contract can be reduced to reflect the significantly fewer FFS diagnostic imaging services to pre-authorize.

BUDGET SUMMARY: This issue proposes a reduction of \$1,920,000 in the Medicaid Services for Individuals budget entity in the Other Lab and X-ray Services category to reflect a contract reduction. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Other Lab and X-Ray Services (102324)			
General Revenue (1000 - 2)	(\$ 787,008)	\$0	(\$ 787,008)
Medical Care Trust Fund (2474 - 3)	(\$1,132,992)	\$0	(\$1,132,992)
Issue Total	(\$1,920,000)	\$0	(\$1,920,000)

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID SERV/INDIVIDUALS</u>			68501400
HEALTH AND HUMAN SERVICES			13
<u>HEALTH SVCS/INDIVIDUALS</u>			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
LIMIT ELIGIBILITY FOR MEDICALLY			
NEEDY TO 100 PERCENT OF THE FEDERAL			
POVERTY LEVEL			33V7400
SPECIAL CATEGORIES			100000
HOSPITAL INPATIENT SERVICE			101582
GENERAL REVENUE FUND	-MATCH	77,569,902-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	111,671,138-	2474 3

TOTAL APPRO.....		189,241,040-	
		=====	
HOSPITAL OUTPATIENT SVCS			101596
GENERAL REVENUE FUND	-MATCH	30,382,690-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	43,739,511-	2474 3

TOTAL APPRO.....		74,122,201-	
		=====	
PHYSICIAN SERVICES			102541
GENERAL REVENUE FUND	-MATCH	22,976,314-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	33,077,148-	2474 3

TOTAL APPRO.....		56,053,462-	
		=====	
PRESCRIBED MEDICINE/DRUGS			102681
GENERAL REVENUE FUND	-MATCH	5,853,686-	1000 2
		=====	
GRANTS AND DONATIONS TF	-MATCH	18,812,670-	2339 2
	-FEDERL	26,993,684-	2339 3

TOTAL GRANTS AND DONATIONS TF		45,806,354-	2339
		=====	
MEDICAL CARE TRUST FUND	-FEDERL	8,427,079-	2474 3
		=====	
TOTAL APPRO.....		60,087,119-	
		=====	

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
LIMIT ELIGIBILITY FOR MEDICALLY		
NEEDY TO 100 PERCENT OF THE FEDERAL		
POVERTY LEVEL		33V7400
TOTAL: LIMIT ELIGIBILITY FOR MEDICALLY		33V7400
NEEDY TO 100 PERCENT OF THE FEDERAL		
POVERTY LEVEL		
TOTAL ISSUE.....	379,503,822-	
	=====	

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #5

IT COMPONENT? NO

ISSUE TITLE: Limit Eligibility for Medically Needy to 100 Percent of the Federal Poverty Level

ISSUE SUMMARY: This issue proposes a reduction of \$379,503,822 to decrease the Medically Needy program for adults to 100 percent of the Federal Poverty Level (FPL). Children are excluded from this limit and will continue to receive Medically Needy eligibility above 100 percent of the FPL.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) proposes that coverage for adult beneficiaries in the Medically Needy Eligibility group currently above 100 percent of the FPL be eliminated since they will become a part of the insurance clearinghouse, known as a health exchange, effective January 1, 2014. As part of the health exchange, the impacted beneficiaries will be able to purchase their own insurance and not be enrolled in Medicaid. There will be an estimated 17,253 adult beneficiaries who will utilize services in Fiscal Year 2014-2015 and whose Medicaid eligibility will be eliminated. Legislative authority is needed to achieve this reduction. Federal authorization, likely through a specific waiver of federal regulation, may also be needed to enact this change.

The top 92.95 percent of the projected reduction in expenditures for Fiscal Year 2014-2015 under the Medically Needy program for current eligibility is as follows:

Hospital Inpatient	- \$162,517,292	- 42.82%
Hospital Outpatient	- \$ 74,122,201	- 19.53%
Physician Services	- \$ 56,053,462	- 14.77%
Prescribed Medicine	- \$ 60,087,119	- 15.83%
Other	- \$ 26,723,748	- 7.05%

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

BUDGET SUMMARY: This issue proposes a reduction of \$379,503,822 in the Medicaid Services for Individuals budget entity to reflect the limit of coverage for adults to 100 percent of the FPL. The proportionate federal share is included in

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
LIMIT ELIGIBILITY FOR MEDICALLY		
NEEDY TO 100 PERCENT OF THE FEDERAL		
POVERTY LEVEL		33V7400

the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Hospital Inpatient Services (101582)			
General Revenue (1000 - 2)	(\$ 77,569,902)	\$0	(\$ 77,569,902)
Medical Care Trust Fund (2474 - 3)	(\$111,671,138)	\$0	(\$111,671,138)
Total	(\$189,241,040)	\$0	(\$189,241,040)
Hospital Outpatient Services (101596)			
General Revenue (1000 - 2)	(\$ 30,382,690)	\$0	(\$ 30,382,690)
Medical Care Trust Fund (2474 - 3)	(\$ 43,739,511)	\$0	(\$ 43,739,511)
Total	(\$ 74,122,201)	\$0	(\$ 74,122,201)
Physician Services (102541)			
General Revenue (1000 - 2)	(\$ 22,976,314)	\$0	(\$ 22,976,314)
Medical Care Trust Fund (2474 - 3)	(\$ 33,077,148)	\$0	(\$ 33,077,148)
Total	(\$ 56,053,462)	\$0	(\$ 56,053,462)
Prescribed Medicine/Drugs (102681)			
General Revenue (1000 - 2)	(\$ 5,853,686)	\$0	(\$ 5,853,686)
Grants & Donations Trust Fund (2339 - 2)	(\$ 18,812,670)	\$0	(\$ 18,812,670)
Grants & Donations Trust Fund (2339 - 3)	(\$ 26,993,684)	\$0	(\$ 26,993,684)
Medical Care Trust Fund (2474 - 3)	(\$ 8,427,079)	\$0	(\$ 8,427,079)
Total	(\$ 60,087,119)	\$0	(\$ 60,087,119)
General Revenue (1000 - 2)	(\$136,782,592)	\$0	(\$136,782,592)
Grants & Donations Trust Fund (2339 - 2)	(\$ 45,806,354)	\$0	(\$ 45,806,354)
Medical Care Trust Fund (2474 - 3)	(\$196,914,876)	\$0	(\$196,914,876)
Issue Total	(\$379,503,822)	\$0	(\$379,503,822)

COL A93		
SCH VIII B-2		
REDUCTIONS		
POS	AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
TOTAL: HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
BY FUND TYPE		
GENERAL REVENUE FUND	251,478,724-	1000
TRUST FUNDS	552,282,232-	2000

TOTAL PROG COMP.....	803,760,956-	
	=====	

COL A93			
SCH VIIIIB-2			
REDUCTIONS			
POS	AMOUNT		CODES
AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID LONG TERM CARE</u>			68501500
HEALTH AND HUMAN SERVICES			13
<u>LONG-TERM CARE</u>			<u>1303.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
NURSING HOME RATE REDUCTION			33V7010
SPECIAL CATEGORIES			100000
NURSING HOME CARE			102233
GENERAL REVENUE FUND	-MATCH 68,726,281-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 98,939,689-		2474 3
TOTAL APPRO.....	167,665,970-		

AGENCY ISSUE NARRATIVE:
 SCH VIIIIB-2 NARR 14-15 NARRATIVE:
 Priority #8

IT COMPONENT? NO

ISSUE TITLE: Nursing Home Rate Reduction

ISSUE SUMMARY: This issue proposes to reduce the reimbursement rates for nursing home services by 5.525 percent. This rate reduction would result in a budgetary reduction of \$180,319,324 in Fiscal Year 2014-2015. The reduction amount includes the impact to hospice services and the proportionate federal share.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) will achieve the proposed reduction by decreasing the reimbursement rates for nursing home services by 5.525 percent, which includes the impact on hospice services. The proposed reduction to the reimbursement rates for nursing home services, including the impact to hospice services, would have an effective date of July 1, 2014. Legislative authority is needed to achieve this reduction.

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

			Rate Change	FY 2014-15
			Difference	Reduction
NURSING HOME CARE		5.525%		
Skilled Caseload	10,840	10,840		
Skilled Care Unit Cost	\$5,720.26	\$5,404.22	(\$316.04)	
Skilled Care Total Cost	\$744,091,601	\$702,980,938	(\$ 41,110,663)	(\$ 41,110,663)
Crossover Caseload	370	370		
Crossover Unit Cost	\$976.25	\$976.25	\$0.00	
Crossover Total Cost	\$4,334,537	\$4,334,537	\$0	\$0
Intermediate Care Caseload	32,837	32,837		
Intermediate Care Unit Cost	\$5,715.84	\$5,400.04	(\$315.80)	
Intermediate Care Total Cost	\$2,252,291,006	\$2,127,853,362	(\$124,437,644)	(\$124,437,644)

COL A93					
SCH VIIIIB-2					
REDUCTIONS					
POS	AMOUNT				CODES
AGENCY/HEALTH CARE ADMIN					68000000
PGM: HEALTH CARE SERVICES					68500000
<u>MEDICAID LONG TERM CARE</u>					68501500
HEALTH AND HUMAN SERVICES					13
<u>LONG-TERM CARE</u>					<u>1303.00.00.00</u>
PROGRAM REDUCTIONS					33V0000
NURSING HOME RATE REDUCTION					33V7010

General Care Caseload	567	567		
General Care Unit Cost	\$5,633.20	\$5,321.96	(\$311.24)	
General Care Total Cost	\$38,328,279	\$36,210,616	(\$2,117,663)	(\$ 2,117,663)
Special Payments Nursing Homes	\$11,002,179	\$11,002,179	\$0	\$0
HOSPICE SERVICES				
Caseload	10,729	10,729		
Unit Cost	\$2,505.37	\$2,407.09	(\$98.28)	
Total Cost	\$322,560,853	\$309,907,499	(\$12,653,354)	(\$12,653,354)

BUDGET SUMMARY: This issue proposes a reduction of \$180,319,324 in the Medicaid Services for Individuals budget entity and the Medicaid Long-term Care budget entity to reflect a reimbursement rate reduction for nursing home services. The proportionate federal share is included in the reduction amount.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Hospice Services (101575)			
General Revenue (1000 - 2)	(\$ 5,186,610)	\$0	(\$ 5,186,610)
Medical Care Trust Fund (2474 - 3)	(\$ 7,466,744)	\$0	(\$ 7,466,744)
Total	(\$ 12,653,354)	\$0	(\$ 12,653,354)
Nursing Home Care (102233)			
General Revenue (1000 - 2)	(\$ 68,726,281)	\$0	(\$ 68,726,281)
Medical Care Trust Fund (2474 - 3)	(\$ 98,939,689)	\$0	(\$ 98,939,689)
Total	(\$167,665,970)	\$0	(\$167,665,970)
General Revenue (1000 - 2)	(\$ 73,912,891)	\$0	(\$ 73,912,891)
Medical Care Trust Fund (2474 -3)	(\$106,406,433)	\$0	(\$106,406,433)
Issue Total	(\$180,319,324)	\$0	(\$180,319,324)

COL A93		
SCH VIII B-2		
REDUCTIONS		
POS	AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID LONG TERM CARE</u>		68501500
HEALTH AND HUMAN SERVICES		13
<u>LONG-TERM CARE</u>		<u>1303.00.00.00</u>
TOTAL: LONG-TERM CARE		<u>1303.00.00.00</u>
BY FUND TYPE		
GENERAL REVENUE FUND	68,726,281-	1000
TRUST FUNDS	98,939,689-	2000

TOTAL PROG COMP.....	167,665,970-	
	=====	

COL A93		
SCH VIIIIB-2		
REDUCTIONS		
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 REDUCTIONS		33V0000
REDUCE MEDICAID CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS SURVEYS		33V0700
SPECIAL CATEGORIES		100000
CONTRACTED SERVICES		100777
HEALTH CARE TRUST FUND -STATE	171,670-	2003 1

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AGENCY ISSUE NARRATIVE:

SCH VIIIIB-2 NARR 14-15 NARRATIVE:

IT COMPONENT? NO

Priority #1

ISSUE TITLE: Reduce Medicaid Consumer Assessment of Healthcare Providers and Systems Surveys

ISSUE SUMMARY: This issue proposes a reduction of \$171,670 in the Contracted Services category for a contract associated with the annual health plan member satisfaction surveys known as Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. This proposed reduction can be achieved because the responsibility of conducting the surveys will transfer to the managed care plans, effective July 1, 2014.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) contracts with a vendor to conduct a fixed number of Medicaid CAHPS health plan member satisfaction surveys on an annual basis. The contract requires the vendor to conduct surveys of Medicaid and non-Medicaid health plan members to determine the member's level of satisfaction. Currently, there are approximately 5,287 Medicaid health maintenance organizations (HMOs) and 651 Medicaid provider service networks (PSNs) non-reform CAHPS surveys conducted. However, effective July 1, 2014, the oversight of the Medicaid CAHPS surveys will shift from the AHCA to the managed care plans because the AHCA included this responsibility in its contractual agreements with the managed care plans selected to participate in the Statewide Medicaid Managed Care (SMMC) program. Therefore, the AHCA can reduce the current contract to reflect this change in responsibility.

BUDGET SUMMARY: This issue proposes to reduce budget authority in the Health Care Regulation budget entity in the Health Care Trust Fund by \$171,670 in Fiscal Year 2014-2015 in the Contracted Services category to reflect a reduction in the CAHPS surveys contract.

	RECURRING	ANNUALIZATION FY 2015-16	TOTAL
Contracted Services (100777)			
Health Care Trust Fund (2003 - 1)	(\$171,670)	\$0	(\$171,670)
Issue Total	(\$171,670)	\$0	(\$171,670)

COL A93		
SCH VIII B-2		
REDUCTIONS		
POS	AMOUNT	CODES

AGENCY/HEALTH CARE ADMIN		68000000
TOTAL: AGENCY/HEALTH CARE ADMIN		68000000
BY FUND TYPE		
GENERAL REVENUE FUND	322,147,238-	1000
TRUST FUNDS	653,335,824-	2000

TOTAL DEPARTMENT.....	975,483,062-	
	=====	

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*                                                                                                     PAGE: 1 *
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* REPORT TOTAL:
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* 15-21: _____
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* BUDGET ENTITY TOTALS:
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* LEVEL 1: BY FUND TYPE
* LEVEL 2: NO TOTAL
* LEVEL 3: NO TOTAL
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* PROGRAM COMPONENT: 5
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* POLICY AREA: NO TOTAL
* PROGRAM COMPONENT: BY FUND TYPE
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*                                                                                                     PAGE: 2 *
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* ===== *
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* PRIORITY LISTING FOR POSSIBLE REDUCTION *
* FOR REQUEST YEAR *
* ===== *
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* (LEVEL 1, LEVEL 2, LEVEL 3, LOWEST LEVEL, *
* IOE, GRP, PRC, SIS, ISC) *
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* NEADLP01                               STATISTICAL INFORMATION          10/15/2013 17:12 *
* BUDGET PERIOD: 2004-2015              EXHIBIT A, D AND D-3A LIST REQUEST      KST 68   SP   *
*                                                                                       PAGE:    3 *
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