



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2307

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The goal of the pilot is to conduct a proof of concept pilot using existing claims database information within the state employee health plan system for diabetes to demonstrate cost savings for the state and better health outcomes for beneficiaries. Based on the results of the proof of concept the state would work to develop a value based payment model for prescription drugs for diabetes. The objective would be to demonstrate cost savings to the state and better health outcomes to beneficiaries in the state employee health plans as measured by pre-determined metrics mutually agreed upon with the manufacturer and the state health plan administrators.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="150,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	150,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="150000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	150,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:
- | Fiscal Year
(yyyy-yy) | Amount | | Specific
Appropriation # | Vetoed |
|--|--|--|--|--|
| | Recurring | Nonrecurring | | |
| <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	There may be operational costs associated with implementing the pilot for data collection and analysis to establish metrics and facilitate the measurement of success of the pilot.	150,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		150,000



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

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11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

The goal of the pilot is to conduct a proof of concept analysis utilizing existing claims data in anticipation of developing a future contract within the state employee health plan system for diabetes to demonstrate cost savings for the state through a value based payment model for prescription drugs. The objective would be to demonstrate cost savings to the state and better health outcomes to beneficiaries in the state employee health plans as measured by pre-determined metrics mutually agreed upon with the manufacturer and the state health plan administrators.

- b. What activities and services will be provided to meet the intended purpose of these funds?

Diabetes awareness educational materials may be developed to educate state employees under the state health plans about their condition to aid in employees on a voluntary (opt in) basis to allow their data to be analyzed as part of the pilot program.

- c. What direct services will be provided to citizens by the appropriation project?

Educational diabetes awareness materials

- d. Who is the target population served by this project? How many individuals are expected to be served?

State employees with poor physical health. More than 1000 state employees are expected to be served.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Lower A1C, Lower blood pressure, Improved Circulation and mobility; diminish the occurrence of heart related incidents, reduced hospital admissions and a reduction in cardiovascular deaths which will result in a cost savings for the state through a value based payment model for prescription drugs.

- f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Penalties will be determined by Department of Management Services, Division of State Employees Health Plans. They will be included in the value added contract which is negotiated with the state and must include metrics, data that will be indicated from the project, and penalties which will be set forth in the contract by DMS after negotiations between the two parties.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.