

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
Short-Term							
<ul style="list-style-type: none"> • Prior Authorization 	<ul style="list-style-type: none"> • PA currently required for: <ul style="list-style-type: none"> ○ All out-of-state services (including ambulance & air medical transport) ○ Optional treatment services for members under age 21 ○ Transportation for continuous treatments in hospital outpatient setting ○ Dental services (i.e. dentures, orthodontia, TMJ surgery, dental services) ○ Hearing aids ○ Certain medical supplies & DME, i.e. DME costing more than \$699, apnea monitor, hospital beds, infusion pump, wheelchairs, oxygen, etc.) ○ Vision services (i.e. eyewear, non-MaineCare frames, 	<ul style="list-style-type: none"> • Implement concurrent review for inpatient psychiatric services for individuals under 21 	\$90K	\$34K	<p>Pros:</p> <ul style="list-style-type: none"> • Applies medical necessity criteria to ensure appropriate delivery of services & reduces overutilization <p>Cons:</p> <ul style="list-style-type: none"> • Increased administrative responsibility for providers • Increased State administrative responsibility 	<p>May need to be modified with Enhanced PCCM model & for the managed care for LTSS, as those companies will likely establish their own PA</p> <p>Also overlaps with pharmacy initiatives</p>	<ul style="list-style-type: none"> • Implementation Timeline: 3-6 mo. • Savings Realization Timeline: 6-12 mo. • Changes: Systems • Communication: Providers
		<ul style="list-style-type: none"> • Elective surgeries 	\$0.8M	\$0.3M	See above	<p>May need to be modified with Enhanced PCCM model & for the managed care for LTSS, as those companies will likely establish their own PA</p>	See above
		<ul style="list-style-type: none"> • Elective inductions <39 weeks 	\$0.85M	\$0.32M	<p>Pros:</p> <ul style="list-style-type: none"> • Reduced C-section rate • Better birth outcomes • Shorter labors <p>Cons:</p> <ul style="list-style-type: none"> • Challenge on how to implement • Administrative responsibilities for provider and State <p>Less savings than “hard stop” option</p>	<p>May need to be modified with Enhanced PCCM model, as those companies will likely establish their own PA</p>	See above

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> • Prior Authorization (cont.) 	<ul style="list-style-type: none"> low vision aids, orthoptic therapy/visual training) <ul style="list-style-type: none"> ○ Certain physician services (i.e. breast reconstruction & reduction, gastric bypass, mastopexy, organ transplant, etc.) • PA currently under consideration for: <ul style="list-style-type: none"> ○ Prosthetics 	<ul style="list-style-type: none"> • High cost imaging & Radiology 	\$2.5M	\$0.9M	<p>Pros:</p> <ul style="list-style-type: none"> • Applies medical necessity criteria to ensure appropriate delivery of services & reduces overutilization <p>Cons:</p> <ul style="list-style-type: none"> • Increased administrative responsibility for providers • Increased State administrative responsibility 	May need to be modified with Enhanced PCCM model & for the managed care for LTSS, as those companies will likely establish their own PA	See above
<ul style="list-style-type: none"> • Rate reductions 	<ul style="list-style-type: none"> • Support services for adults with intellectual disabilities: 2010 • Nursing facilities: 7/1/10 • Rehab & community support services for children with cognitive impairments/physical limitations: 6/1/11 retro to 9/1/10 • Developmental & behavioral clinic services: 7/1/10 • Behavioral health services: 7/1/10 • Transportation: 8/1/10 	<ul style="list-style-type: none"> • 10% reduction - Medical Equipment & supplies 	\$2.4M	\$0.9M	<p>Pros:</p> <ul style="list-style-type: none"> • Immediate savings <p>Cons:</p> <ul style="list-style-type: none"> • The impact on providers increases over the years as costs rise & reimbursement does not • Providers may leave the market creating access issues for recipients 	May impact savings potential for long-term initiatives.	See above
		<ul style="list-style-type: none"> • 10% reduction - Home health 	\$1.7M	\$0.6M	See above	See above	See above
		<ul style="list-style-type: none"> • 10% reduction - Outpatient hospital 	\$13.0M	\$4.9M	See above	See above	See above
		<ul style="list-style-type: none"> • 10% reduction - Dental 	\$3.5M	\$1.3M	See above	See above	See above
		<ul style="list-style-type: none"> • 10% reduction – Physician 	\$12.4M	\$4.7M	See above	See above	See above

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> Rate reductions (cont.) 	<ul style="list-style-type: none"> Occupational & physical therapy: 4/1/12 (pending) Podiatrist: 4/1/12 Private non-medical services: 10/1/10 Family planning: 7/1/11 Community support services: 7/1/10 Behavioral Health (Methadone): 4/1/12, 1/1/13 (pending) Group homes: 7/1/12 	<ul style="list-style-type: none"> 10% reduction – Lab & X-ray 	\$2.4M	\$0.9M	See above	See above	See above
		<ul style="list-style-type: none"> 10% reduction - Optometry, Optician, Ophthalmology 	\$1.4M	\$0.5M	See above	See above	See above
		<ul style="list-style-type: none"> 10% reduction - Private duty nursing 	\$1.3M	\$0.5M	See above	See above	See above
		<ul style="list-style-type: none"> 10% reduction – Hospice 	\$0.2M	\$75K	See above	See above	See above
		<ul style="list-style-type: none"> 10% reduction - Targeted Case Management 	\$4.7M	\$1.8M	See above	See above	See above
		<ul style="list-style-type: none"> 10% reduction - IMD/ICFMR 	\$4.4M	\$1.7M	See above	See above	See above
<ul style="list-style-type: none"> Benefit changes 	<ul style="list-style-type: none"> Eliminate - Smoking cessation products (except for pregnant women): 10/1/12 (pending) Eliminate - Ambulatory surgical center services: 9/1/12 (pending) Eliminate - STD screening clinic services Limit - Optometry visits for adults (1/3 years) Limit - Chiropractic visits (12/year) Limit - Added medical 	<ul style="list-style-type: none"> Elimination - Chiropractic care 	\$0.7M	\$0.3M	<p>Pros:</p> <ul style="list-style-type: none"> Immediate savings <p>Cons:</p> <ul style="list-style-type: none"> Could adversely impact chiropractors 	May reduce savings for long term initiatives, cost-shifting	<ul style="list-style-type: none"> Implementation Timeline: 6-12 mo. Savings Realization Timeline: 12 mo.+ Changes: Systems Communication: Providers Document: SPA

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> Benefit changes (cont.) 	eligibility criteria for Case Management for homeless <ul style="list-style-type: none"> Limit - Physical therapy (2 hr./day) Limit - Occupational therapy (2 hr./day & 1 visit/year for palliative or maintenance care) 						
<ul style="list-style-type: none"> Hospital-Acquired Conditions (HACs) 	<ul style="list-style-type: none"> MaineCare implementing federal minimum requirement 	<ul style="list-style-type: none"> Expand list to include all of those listed for the State of MD and Payment adjustments made annually based on HACs 	\$1.75M	\$0.7M	Pros: <ul style="list-style-type: none"> Promotes quality Reduces reimbursement to hospitals for poor health outcomes 	N/A	<ul style="list-style-type: none"> Savings realization – 6-12 mo.
<ul style="list-style-type: none"> Readmissions 	<ul style="list-style-type: none"> MaineCare does not reimburse for readmits within 72 hours 	<ul style="list-style-type: none"> Increase time span for which readmissions are not reimbursed 	\$15M	\$5.6M	Pros: <ul style="list-style-type: none"> Promotes quality Cons: <ul style="list-style-type: none"> Results in reduction in hospital reimbursement 	Managed care and PCCM will likely focus on this area, so may reduce savings attributed to the long term strategies	<ul style="list-style-type: none"> Implementation Timeline: 3-6 mo. Savings Realization Timeline: 6-12 mo. Changes: Systems Communication: Providers Document: SPA
<ul style="list-style-type: none"> Leave Days <ul style="list-style-type: none"> Nursing Facility IMD ICFMR 	<ul style="list-style-type: none"> Current limits: <ul style="list-style-type: none"> Nursing Facility: 10 hospital leave days & 36 therapeutic leave days IMD: 10 hospital leave days & 36 therapeutic 	<ul style="list-style-type: none"> Eliminate reimbursement for hospital leave & therapeutic leave days Eliminate - Nursing Facility: 10 hospital 	\$1.7M	\$0.6M	Pros: <ul style="list-style-type: none"> Focus on eliminating waste Cons: <ul style="list-style-type: none"> Depending on supply of beds, patient may not have a place to return to, or have to go to another facility 	N/A	<ul style="list-style-type: none"> Implementation Timeline: 3-6 mo. Savings Realization Timeline: 6-12 mo. Changes: Systems Communication: Providers Document: SPA

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> • Leave Days (cont.) 	<ul style="list-style-type: none"> ○ leave days ○ ICFMR: 25 hospital leave days & 52 therapeutic leave days 	<ul style="list-style-type: none"> • leave days & 36 therapeutic leave days • Eliminate - IMD: 10 hospital leave days & 36 therapeutic leave days • Eliminate - ICFMR: 25 hospital leave days & 52 therapeutic leave days 					
TOTAL SAVINGS for Short-term strategies			\$70.8M	\$26.6M			
Mid-Term							
<ul style="list-style-type: none"> • Pharmacy 	<ul style="list-style-type: none"> • Rebates for crossover claims • Supplemental rebate agreements • Restrictions on narcotics use to begin 1/1/2013 • PAs for more costly drugs to begin 1/1/2013 <ul style="list-style-type: none"> ○ Tried & failed requirements ○ Additional step therapy • Restrictions on scripts to begin 1/1/2013 • (Behavioral Health) Suboxone 2 year limit to begin 1/1/2013 	<ul style="list-style-type: none"> • Competitive bid for specialty pharmacy 	\$2.1M ⁱⁱ	\$0.8M	Pros: <ul style="list-style-type: none"> • Aggressive pricing discounts (due to volume purchasing) • Additional benefits (i.e. clinical outreach to providers & members to ensure proper medication use) 	May duplicate care management organization efforts	<ul style="list-style-type: none"> • Implementation Timeline: 12+ mo. • Savings Realization Timeline: 12-18 mo. • Changes: Systems (potential) • Communication: Providers, Members • CMS waiver approval • Document: RFP process, Contract development, Potential 1115 waiver
		<ul style="list-style-type: none"> • Increase generic dispensing rate by 1%, Reduce use of specialty drugs 	\$3.6M	\$1.4M	Pros: <ul style="list-style-type: none"> • Reduce costs from brand name prescriptions 	N/A	<ul style="list-style-type: none"> • Implementation Timeline: 3-6 mo. • Savings Realization Timeline: 12-18 mo.

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> Pharmacy (cont.) 	<ul style="list-style-type: none"> Average Wholesale Price – 16%: 4/1/12 (pending) Mandatory generic substitution (pending) Smoking cessation 50% reduction (pending) Medication Management Initiative No coverage for: <ul style="list-style-type: none"> Anorexic or certain weight loss drugs Most vitamins and herbal products Hexachlorophene (for nursing facility patients) Products listed as part of the per diem rate of reimbursement for Nursing Facility Services Discontinued or recalled drugs Less than Effective Drugs (defined by FDA) TB drugs OTC drugs (unless designated otherwise) Fertility drugs Etc. (listed in MaineCare) 						<ul style="list-style-type: none"> Communication: Providers, Pharmacy
		<ul style="list-style-type: none"> Expand Medication Management Initiativeⁱⁱⁱ 	Addtl. research needed	Addtl. research needed	<p>Pros:</p> <ul style="list-style-type: none"> Enhanced care management 	<p>Could be a part of the Care Management Organization; Timeline may overlap</p>	<ul style="list-style-type: none"> Current Vendor-?
		<ul style="list-style-type: none"> Monitor use of Anti-Psychotics in Children and Adults and Seniors¹ <ul style="list-style-type: none"> PA required 	\$0.7M	\$0.3M	<p>Pros:</p> <ul style="list-style-type: none"> Ensures appropriate medication <p>Cons:</p> <ul style="list-style-type: none"> Additional administrative requirements for providers 	<p>See above</p>	<ul style="list-style-type: none"> Implementation Timeline: 6-12 mo. Savings Realization Timeline: 12-18 mo. Changes: Systems Communication: Providers Document: Develop criteria

¹ Submitted by Ana Hicks, Taskforce member

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
• Pharmacy (cont.)	manual)						
• Transportation	• Broker Procurement in progress	• N/A	N/A	N/A	N/A	N/A	N/A
• Program Integrity	<ul style="list-style-type: none"> Utilization of Recovery Audit Contractors Centralized provider enrollment process Centralized program integrity training across all pertinent agencies Annual audit review by external agency or contractor Ongoing review of Medicaid policy and procedure Federal partnership best practice implementation (except CMS best practice annual summary report) 	<ul style="list-style-type: none"> Develop operational policy and procedure to handle day to day Medicaid discretionary functions and Internal review of data collected Utilize CMS's best practice annual summary report Develop policy/procedure and mechanisms for reporting to the Medicaid and CHIP Payment and Access Commission 	\$6.5M	\$2.4M	<p>Pros:</p> <ul style="list-style-type: none"> Internal safeguard against fraud, abuse, and waste Promoting uniform standards Understanding of current fiscal enrollment status Improve accuracy of strategic forecasts Stronger basis for federal reimbursement Provide state with safeguards in disputes with the federal government 	N/A	<ul style="list-style-type: none"> Implementation Timeline: 6-12 mo. Savings Realization Timeline: 12+ mo. Changes: Systems, Human resource expansion or redirect Communication: Data review team, Internal policy team Document: Develop criteria
TOTAL SAVINGS for Mid-term strategies			\$16.5M	\$6.3M			
Long-Term – Investment in Primary Care							
• Value-based purchasing	<ul style="list-style-type: none"> Patient Centered Medical Homes Accountable Communities Primary Care Provider Incentive Program 	<ul style="list-style-type: none"> Increase promotion of targeted initiatives <ul style="list-style-type: none"> ED Maternal & child health 	\$5.2M	\$2.0M	<p>Pros:</p> <ul style="list-style-type: none"> Encourage appropriate level of care in appropriate care setting Better health outcomes <p>Cons:</p> <ul style="list-style-type: none"> Costs associated with oversight & 	N/A	<ul style="list-style-type: none"> Implementation Timeline: 18-24 mo. Savings Realization Timeline: 1-3 years Changes: Systems (possibly)

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
		<ul style="list-style-type: none"> ○ Care Coordination to assist transition ○ Provider incentive program 			monitoring		<ul style="list-style-type: none"> • Communications: Providers, Members
		<ul style="list-style-type: none"> • Member Incentive program 	(\$7.5M)	(\$2.8M)	<p>Pros:</p> <ul style="list-style-type: none"> • Pay for outcomes and quality (not just quantity of services) <p>Cons:</p> <ul style="list-style-type: none"> • Not much research done on long-term health outcomes 	N/A	<ul style="list-style-type: none"> • Implementation Timeline: 1-3 years • Changes: Systems • Communication: Providers • Document: Incentive criteria & benefits
<ul style="list-style-type: none"> • Value-based purchasing with Care Management Organization (CMO) 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Care Management Organization 	\$1.8M	\$0.7M	<p>Pros:</p> <ul style="list-style-type: none"> • Tie in savings guarantee (funding goes back to state if savings not met) • Technical expertise, specialized knowledge • Brings together all initiatives under 1 responsible entity <p>Cons:</p> <ul style="list-style-type: none"> • Perception of duplication with services provided in medical home (can be overcome with contracting strategies) • State needs resources to monitor CMO • Less potential savings than Capitation model (softer model) • Concern that takes away some local control at patient/doctor level 	May overlap with short- and mid-term strategies	<ul style="list-style-type: none"> • Implementation Timeline: 18-24 mo. • Savings Realization Timeline: 2-4 years • Changes: Systems (IT) • Communication: Providers, Members • Document: RFP process, Contract development, CMO readiness review

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> Reduce neonates & increase normal births 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Healthy Babies Initiative/Also combines with Care Management Organization 	\$3.7M	\$1.4M	<p>Pros:</p> <ul style="list-style-type: none"> Better health outcomes Long-term savings (by having babies healthier) 	<p>Could be tied into CMO; Could be a CMO-driven initiative</p>	<ul style="list-style-type: none"> Implementation Timeline: 12-18 mo. Savings Realization Timeline: 2-4 years Changes: Systems (possibly) Communication: Providers, Members
<ul style="list-style-type: none"> ER utilization 	<ul style="list-style-type: none"> Working with ER departments to identify high utilizers, identify drivers of high utilization, & encourage appropriate treatment settings Adult (non-ICF-MR) dental covers: <ul style="list-style-type: none"> Acute surgical care following traumatic accident Oral surgical procedures not involving dentition & gingiva Tooth extraction if posing a serious health threat or during radiation therapy Treatment to relieve pain, eliminate 	<ul style="list-style-type: none"> Allow dental benefits for individuals using the ED for dental services² 	(\$8.4M)	(\$3.2M)	<p>Pros:</p> <ul style="list-style-type: none"> Address dental needs to prevent future costs Better health outcomes <p>Cons:</p> <ul style="list-style-type: none"> Initial costs 	<p>Could be tied into CMO; Could be a CMO-driven initiative</p>	<ul style="list-style-type: none"> Implementation Timeline: 12-18 mo. Changes: Systems Communication: Providers, Members
		<ul style="list-style-type: none"> Expand on current initiatives and use findings to identify and mitigate high utilizers 	N/A	N/A	<p>Pros:</p> <ul style="list-style-type: none"> Ensure delivery of services in appropriate setting Reduce hospital ER costs 	<p>See above</p>	<ul style="list-style-type: none"> Implementation Timeline: Current Changes: Systems Communication: Providers, Members

² Submitted by Ana Hicks, Taskforce member

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> ER utilization (cont.) 	<ul style="list-style-type: none"> infection, or prevent imminent tooth loss Other dental services (i.e. full & partial dentures, medically necessary, services that would be more cost-effective than alternative treatment for same condition) 						
Long Term – Coordinated, quality services for Maine’s most vulnerable citizens							
<ul style="list-style-type: none"> Capitation for top 20% 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Aggressive case & disease management Home & community-based care Continually & periodically re-evaluate clients to assure appropriate level of care Carve outs Reduce waitlist Risk adjustment Performance bonus for meeting quality incentives Withhold to assure that process 	\$45.9M	\$17.2M	<p>Pros:</p> <ul style="list-style-type: none"> Increased coordination Contracting strategies to improve performance Prevent disease progression, avoid hospitalization & institutionalization Members able to stay in their home/community Cost savings Ensure that members receiving appropriate level of care Specialty care provided by experienced providers MCOs/HMOs will not be penalized for taking higher-risk members (for Risk adjustment) Incentive for providers to provide quality care (for Performance bonus) <p>Cons:</p>	<p>Could be tied into HMO/MCO; Could be a HMO/MCO-driven initiative</p> <p>May have some challenges coordinating care with MCO/HMO (for Carve outs)</p>	<ul style="list-style-type: none"> Implementation Timeline: 18-24 mo. Savings Realization Timeline: 1-3 years Changes: Systems Communication: Providers, Members Document: RFP process, Contract development, HMO/MCO readiness review, Quality measures, Determine bonus (for Performance bonus)

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
			State & Federal	State ⁱ			
<ul style="list-style-type: none"> Capitation for top 20% (cont.) 		measures achieved			<ul style="list-style-type: none"> State resources required for oversight Some studies have not shown cost savings Potentially fragmented care (Carve outs) May require administrative/actuarial assessment & modifications (for Risk adjustment) Financial & administrative burden (for Performance bonus) 		
Long Term – Effective & efficient use of services							
<ul style="list-style-type: none"> Elective inductions prior to 39 weeks^{iv} 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Put “hard stop” to elective inductions prior to 39 weeks gestation 	\$0.85M	\$0.32M	<p>Pros:</p> <ul style="list-style-type: none"> Reduced C-section rate Better birth outcomes Shorter labors <p>Cons:</p> <ul style="list-style-type: none"> Challenge on how to implement 	N/A	<ul style="list-style-type: none"> Implementation Timeline: 3-6 mo. Savings Realization Timeline: 6-12 mo. Changes: Systems Communication: Providers Document: SPA
<ul style="list-style-type: none"> Radiology Benefits Manager (RBM)^v 	<ul style="list-style-type: none"> (PA requirements link from MaineCare manual broken) 	<ul style="list-style-type: none"> Implement Radiology Benefits Manager Require PA Utilize clinical decision support (CDS) – no PA Implement real-time online interactive PA 	\$2.5M	\$0.9M	<p>Pros for RBM:</p> <ul style="list-style-type: none"> More effective management of radiology services Reduce incidence of medically unnecessary services Cost savings from prevented services <p>Cons for RBM:</p> <ul style="list-style-type: none"> Costs shifted to providers Administrative burden on providers for PAs <p>Pros for CDS:</p> <ul style="list-style-type: none"> Reduce incidence of medically 	May overlap with CMO and MCO models, and short-term PA	<ul style="list-style-type: none"> Implementation Timeline: 18-24 mo. Savings Realization Timeline: 2-4 years Changes: Systems Communication: Providers, Members Document for RBM: RFP process, Contract development Document for CDS and online interactive PA:

	Previous Initiatives	Proposed Changes	Predicted Savings		Impact	Impact on Long Term Strategies	Implementation Requirements
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• RBM (cont.)					unnecessary services • Can integrate into EHRs or access via the Web Cons for CDS: • Administrative burden on providers to go through CDS • May have lower savings than RBM Pros for online interactive PA: • Reduce incidence of medically unnecessary services • Requests meeting criteria automatically approved in real time		Develop criteria, (If vendor) RFP process, Contract development
• Care Coordination for LTSS	• Plan to implement Care Coordination teams in 2013	• N/A	N/A	N/A	N/A	May be duplication of PCCM/MCO services	N/A
• Cost barrier reduction	• N/A	• Eliminate co-pays	(\$9.2M)	(\$3.5M)	Pros: • Encourage primary care utilization		
TOTAL SAVINGS for Long-term strategies			\$34.9M	\$13.0M			
TOTAL SAVINGS for Short-, Mid-, and Long-term strategies combined^{vi, vii}			\$122.2M	\$45.9M			

ⁱ State share estimated at 37.5% of State and Federal savings projections

ⁱⁱ This figure would grow annually as specialty drug spend is expected to comprise around 40% of total pharmacy spend by 2015.

ⁱⁱⁱ Data is not available to estimate potential savings.

^{iv} Elective induction strategy may overlap with short-term savings.

^v Radiology strategy may overlap with short-term savings.

^{vi} As strategies may overlap, savings may also overlap

^{vii} Limitations: Savings estimates are based on preliminary information, and actual savings may vary based on final policy and implementation.