

Justin – on behalf of the Medical School Deans we have the following concerns:

- We have searched the HFMA website and have found nothing regarding requirements for a charity care program.
- It appears that such a charity care program would need to be established in DY 10 (presuming we don't already have one operational); and that it would need to be operational in DY 11, which is also when the supplemental payments would be solely based on the costs of uncompensated care
- This distinction is very important to the medical schools for 2 reasons
 - 1) Payment rates to physicians are extremely low; with a few exceptions, e.g. APA increases; physician payment rates have not increased over the past 30 years and while it suggested that plans pay Medicare rates none have done so to date. This is particularly significant for the faculty practice plans given the significant levels of specialty care we provide to Medicaid eligible persons. Bottom-line we believe some measure of uncompensated Medicaid care should be used in the accounting for supplemental payments in addition to the cost of care provided to those under 200 percent FPL.
 - 2) We are still very committed to finding a physician supplemental payment methodology outside of LIP and look forward to working with you on possible alternatives.

Given the significance of these issues, is it possible for us to have a time certain, such as 30 day comment period to develop alternatives?