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August 13, 2015

Justin M. Senior  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive  
Mail Stop #8  
Tallahassee, Florida 32308

RE: Centers for Medicare and Medicaid Services (CMS) Proposed Special Terms &  
Conditions for the Low Income Pool

Dear Mr. Senior:

Below for your consideration are our comments on the draft Special Terms and Conditions (STCs) issued by CMS for Demonstration Years 10 and 11 of the Medicaid Section 1115 waiver.

Item 67: Please clarify that the definition of “uncompensated care” in this paragraph applies only to DY11.

Item 68 a i: A hospital’s charity care program should include not only individuals up to 200% of the poverty guidelines, but also those who meet medically indigent criteria, such as healthcare expenditures exceeding a specific portion of annual income.

Item 68 b i: HFMA is not a regulatory body and does not issue “requirements.” This should be labeled “recommendations.” Need to include specific details as an addendum to the STCs. Also, rather than applying a non-regulatory definition, why not apply IRS Section 501(r) requirements without considering whether the hospital is tax-exempt?

Item 68 b ii: Does this mean that in the absence of intergovernmental transfers, the Legislature would be required to budget additional general revenue to maintain total hospital payment levels (rates plus LIP) or only to ensure that rates are sufficient in the absence of LIP payments?

Item 69: It would help to allow expenditures by September 30 for services furnished through June 30 (when the 4th quarter CMS-64 report is due). This would allow providers time to ensure no overpayments through June 30 rather than having to estimate total covered costs by June 1 to give the State time to process payments before June 30.

Item 70 d: To the extent that permissible expenditures under LIP include costs not part of the hospital-specific DSH limit definition, then an equal portion of LIP payments should not be applied to the DSH cost limit.

Item 71 b: Again, change “requirements” to “recommendations” or change the STC to apply 501(r) requirements. Also, can participation in the tiers be limited to only those hospitals with the required charity care policies? Not sure that the limitation in section 78 for Provider Access Systems includes ALL hospitals (but that limitation should apply to all).

Item 71 b iv: If contemporaneous data is used, then really need to allow expenditures to be made through September 30 (see Item 69, above) so that complete fourth quarter data can be collected.

Item 78 a iv, b, c and d: Again, change “requirements” to “recommendations” or change the STC to apply 501(r) requirements.

Item 79 a: If allowed to extend expenditure processing to September 30, then I would expect AHCA would need at least until October 1 to submit reports.

Thank you for including providers in the evaluation of this draft document and for your consideration of our comments. If you have any questions regarding our comments, please contact me at 954-265-5105.

Scott Davis  
Administrative Director, Reimbursement  
& Revenue Integrity  
Memorial Healthcare System  
3111 Stirling Road  
Ft. Lauderdale FL. 33312