

**Public Comments Received 4/21/15– 5/22/15**  
**Amendment Request for the 1115 Managed Medical Assistance Waiver - LIP**

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**From:** Ubaldo Alvarez  
**Sent:** Monday, April 20, 2015 1:58 PM  
**To:** FLMedicaidWaivers  
**Subject:** LIP

Anything that moves Florida away from the disaster created by Obamacare will be good for the State. Please stop this culture of government dependency that burdens those of us who choose to work and have clean and organize lives over those who abuse drugs, choose not to work and for whom a monthly check from this government, along with other benefits such as Medicaid, low income housing, food stamps, etc are already a lifestyle thanks to Obama and his followers. Thanks for reading my comments.

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**From:** Mr. Guzman  
**Sent:** Monday, April 27, 2015 4:24 PM  
**To:** FLMedicaidWaivers  
**Subject:** 1115 MMA Waiver Amendment Request

The LIP is ending, Florida needs to embrace Medicaid expansion under Obamacare.

Mr. Guzman

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**From:** Anna Santilli  
**Sent:** Tuesday, April 28, 2015 10:15 PM  
**To:** FLMedicaidWaivers  
**Subject:** LIP Funding

Florida should accept the Medicaid expansion under the Affordable Care Act. LIP only helps pay for hospitals giving treatment to Floridians who are unable to pay. It is fiscally and morally irresponsible. Fiscally irresponsible since it covers only high cost medical care for situations that could be better handled in a doctor's office if the patient could afford to see a doctor. Hospital lose money constantly.

On the other hand, Medicaid provides insurance so a person can see a doctor instead of going to emergency room. It is a no-brainer when it comes to the fiscal side. LIP is morally irresponsible as it does not offer Health Care. When people do not have access to health care, illnesses that could be detected earlier and treated to better outcomes, often result in critical hospital care, and very often death.

The fact that the health and well-being of millions of Floridians is not of the utmost concern to this agency and the state government is morally repugnant. We should and can be better then this.

Forget the LIP funding and force the legislature to offer more health care, not sick care, to more Floridians.

Thank you.

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**From:** Jim Callahan  
**Sent:** Wednesday, April 29, 2015 2:49 PM  
**To:** FLMedicaidWaivers  
**Subject:** Comment on LIP Presentation 4/29/2015@UCF Medical School  
Florida Senate proposal, as analyzed by Amy Baker and staff of EDR may still leave over 450,000 uninsured.

Impact Analysis

**Public Comments Received 4/21/15– 5/22/15**  
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LIP, IGTs and SB 2512  
The Florida Legislature  
Office of Economic and  
Demographic Research  
April 21, 2015

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FY 2016-2017

549,486 FHIIX Enrollment Subtotal

451,419 Number of individuals no longer benefiting after full implementation

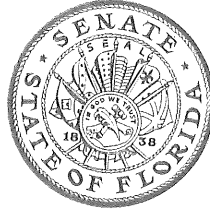
<http://edr.state.fl.us/Content/returnoninvestment/EconomicAnalysisofPPACAandMedicaidExpansion.pdf>

So, it looks like there are more than 450,000 persons "no longer benefiting after full implementation" who I assume will need LIP services.

I mention this because this, because this almost half, is in contrast to the one-quarter shown in the LIP presentation pie chart (slide 16?).

I support Healthcare expansion under the ACA.

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**THE FLORIDA SENATE**  
**SENATOR ANDY GARDINER**  
*President*

April 27, 2015

Vikki Wachino, Acting Director  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850

Dear Acting Director Wachino:

The attached letter was submitted as part of the public comment process on Florida's application to amend its MMA waiver (Project Number 11-W-00206/4). As you know, the uncertainty regarding any possible extension and modification of the Low Income Pool is a significant factor in the Legislature's current budget negotiations.

We understand no firm decisions will be made until after a thorough review the application submitted by the Agency for Health Care Administration (AHCA). However, if you are able to elaborate on your initial guidance now that a formal application has been submitted, that information may help us more accurately assess the fiscal and economic landscape for the state's budget.

Thank you for considering this request for more information.

Sincerely,

  
Andy Gardiner  
President

Cc: Justin Senior, Deputy Secretary for Medicaid, Florida Agency for Health Care Administration

Enclosures



**THE FLORIDA SENATE**  
**SENATOR ANDY GARDINER**  
*President*

April 27, 2015

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

RE: 1115 MMA Amendment Request to Extend LIP through June 30, 2017

Dear Mr. Senior:

On behalf of the Florida Senate, I offer the following comments as input to your request to amend Florida's Managed Medical Assistance (MMA) 1115 Research and Demonstration Waiver (Project Number 11-W-00206/4). We support extension of LIP, but we are concerned that the request may need to be modified in order to secure full federal approval.

In a letter to you from Acting Director Vikki Wachino dated April 14, 2015, four specific guidelines were outlined:

1. Coverage rather than uncompensated care pools is the best way to secure affordable access to health care for low income individuals and uncompensated care pool funding should not pay for costs that would be covered in a Medicaid expansion.
2. Medicaid payments should support services provided to Medicaid beneficiaries and low-income uninsured individuals.
3. Payment rates should be sufficient to promote provider participation and access, and should support plans in managing and coordinating care.
4. A transition period may ease the process of reducing the LIP.

We believe your proposal meets guidelines #2 and #3, but is not responsive to #1 and #4.

April 27, 2015

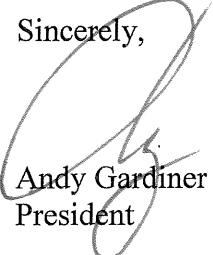
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Specifically, we are concerned that with no suggestion of expanded coverage, such as the one recommended by the Florida Senate, the state may not be successful in gaining authority to spend \$2.2 billion in LIP payments. Without additional coverage, your LIP model may not be construed as a first step in a transition plan. This assessment is summarized in the attached table.

As you know, the Legislature is responsible for constructing a balanced budget that meets Floridians' need for education, public safety, environmental protection, and other important governmental functions, as well as health care. Failure to use available federal resources for expanding coverage will create negative fiscal and economic consequences for the state that are simply unnecessary.

We ask you to modify your amendment request by attaching a proposal for expanding coverage that can be implemented with Legislative approval.

Sincerely,



Andy Gardiner  
President

Cc: The Honorable Rick Scott, Governor  
The Honorable Steve Crisafulli, Speaker  
Liz Dudek, Secretary, AHCA

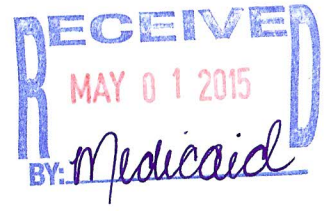
Enclosure

Principle	Senate Proposal With Expansion	AHCA Proposal Without Expansion
<p><b>1. Coverage rather than uncompensated care pools</b></p>	<p><u>Senate's Coverage Proposal</u></p> <ul style="list-style-type: none"> <li>• The first phase enrolls people in the reformed managed care plans (MMA plans) authorized under Florida's 1115 waiver.</li> <li>• The next phase is a transition to a Florida-based marketplace that allows consumers to purchase coverage using their risk-adjusted premium assistance. The coverage choices are broad, but both MMA plans and other ACA-compliant plans will be offered along with other health-related products and services. <ul style="list-style-type: none"> <li>○ Enrollees must meet specific work and cost-sharing requirements;</li> <li>○ Enrollees' risk-adjusted premium is a defined contribution and can be saved in an individual account for cost sharing obligations or other future health-related expenses.</li> </ul> </li> <li>• The final phase of the expansion anticipates integration of the Florida Health Insurance Affordability Exchange (FHIX) with the Florida Healthy Kids program.</li> <li>• Continued implementation is contingent on specific thresholds of federal participation and approval of key policy parameters.</li> </ul>	<p>No coverage proposal.</p>
<p><b>2. Medicaid payments should support services provided to Medicaid beneficiaries and low-income uninsured individuals</b></p>	<ul style="list-style-type: none"> <li>• LIP payments are directed to hospitals that serve more Medicaid and charity patients.</li> <li>• The number of hospitals receiving pool payments is increased.</li> <li>• The direct correlation between intergovernmental transfers (IGTs) and payments is reduced.</li> <li>• Policy criteria are used to select and pay providers who deliver specialized, but financially risky services such as trauma centers, specialized perinatal care, primary care, and emergency department diversion programs.</li> </ul>	<p>Same</p>
<p><b>3. Payment rates should be sufficient.</b></p>	<ul style="list-style-type: none"> <li>• Hospital rates are increased by \$202.9 million</li> </ul>	<p>Same</p>
<p><b>4. A transition period may ease the process of reducing the LIP.</b></p>	<ul style="list-style-type: none"> <li>• First year LIP funding = \$2.1 billion</li> <li>• Reductions possible in future years</li> </ul>	<ul style="list-style-type: none"> <li>• One pool distribution model through 2017.</li> <li>• No expansion,</li> <li>• No transition.</li> </ul>

288155



**Duval County Medical Society**  
1301 Riverplace Blvd. Suite 1638 Jacksonville, FL 32207  
p: (904) 355-6561  
w: dcmsonline.org



To: Office of the Deputy Secretary for Medicaid, Agency for Health Care Administration  
From: Bryan Campbell, Executive Vice President, Duval County Medical Society  
Date: April 29, 2015  
Subj: Proposed Amendment to 1115 MMA Waiver

The Duval County Medical Society (DCMS) is the largest County Medical Society in the state of Florida, with more than 1900 members, MDs and DOs dedicated to the mission of helping care for the health of our Northeast Florida community. The DCMS stands behind the proposed amendment to the 1115 MMA Waiver as a temporary solution to help provide care to those who most need it in our community.

Jacksonville is home to UF Health Jacksonville, one of Florida's safety net hospitals and one of the facilities that would be most dramatically impacted by the loss of Low Income Pool (LIP) funds. Without the more than \$95 million in LIP funds designated for 2015-2016, UF Health CEO Russ Armistead has stated that the hospital would likely be forced to close or greatly reduce services within six months.

UF Health Jacksonville is the only Level One Trauma Center in Northeast Florida. Each year, the hospital has more than 1.2 million ambulatory visits, 90,000 emergency room visits, 35,000 admissions and more than 4,000 serious trauma cases. If UF Health were to close, the burden on the entire Northeast Florida medical community would be catastrophic.

The impact is not limited simply to medical care. UF Health is one of Jacksonville's largest employers, and is the city's largest employer of minorities. The hospital is home to 360 medical residencies. The impact of losing these positions would have a ripple effect on future doctors and their willingness/ability to take care of patients in Northeast Florida.

While the DCMS supports the amendment to the LIP Waiver Request, we echo the concerns of Senate President Andy Gardiner that AHCA must also submit a Medicaid expansion plan, such as the Florida Health Insurance Exchange (FHIX) as proposed by the Florida Senate. LIP funds by themselves are not adequate to fill the gap for healthcare for the uninsured and underinsured in Florida. Both of these solutions are required to adequately care for our patient population.



# COUNCIL OF FLORIDA MEDICAL SCHOOL DEANS

United for Excellence in Medical Education, Research, and Health Care

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Nova Southeastern University  
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**EXECUTIVE DIRECTOR**  
Terry Meek, J.D., M.P.H.

April 29, 2015

Justin Senior, Deputy Secretary for Medicaid  
Florida Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, FL 32308

VIA E-MAIL/ORIGINAL TO FOLLOW VIA U.S. MAIL

**Re: Florida Medicaid Reform Amendment Request for Florida's 1115 Managed Medical Assistance (MMA) Waiver to Redesign Elements of the Low Income Pool (LIP) and to Extend the Program until June 30, 2017**

Dear Deputy Secretary Senior:

I am writing this letter on behalf of the Council of Florida Medical School Deans (Council of Deans) regarding the Medicaid Reform Amendment Request for Florida's 1115 Managed Medical Assistance (MMA) Waiver to Redesign Elements of the Low Income Pool (LIP) to Extend the Program until June 30, 2017 that was posted on the Agency for Health Care Administration's (AHCA) website on April 20, 2015. The Council of Deans recognizes the substantial work that AHCA staff has dedicated to ensure the provision of important services that are provided to Florida's citizens who are served by the Medicaid program. The Council of Deans asks AHCA's continued support of certain aspects of LIP funding for Florida's medical schools and their faculty physicians that critically impact access to services provided to uninsured/underinsured citizens and beneficiaries of the Medicaid program; development of Florida's future supply of well-trained, quality physicians in disciplines necessary to care for Florida's population in a rapidly changing healthcare marketplace; and assurance of an effective role for the Florida Medical School Quality Network (FMSQN).

As state and federal governments continue to consider Florida's Medicaid program during this time of transition, it is important that funding solutions enable continuation of the unique safety net services provided to patients in the Medicaid program by the state's medical schools. The Council of Deans supports the provisions of the April 20, 2015 Amendment Request relative to medical school teaching physicians and practitioners which provides for \$204.5 million in supplemental funding to support access to quality care provided by our state's medical school faculty.

The Council of Deans recommends that as AHCA and the Centers for Medicare and Medicaid Services (CMS) continue to develop Florida's Medicaid program, the following are important considerations. The Medicaid program should:

**COUNCIL OF FLORIDA MEDICAL SCHOOL DEANS**

Post Office Box 13441, Tallahassee, Florida 32317-3441 • Email: [terrymeek22@gmail.com](mailto:terrymeek22@gmail.com) • Phone: 850-893-7821



1. Continue the supplemental Medicaid funding for medical school physicians and practitioners, and structure it in a manner that ensures payments for services provided by medical school physicians and practitioners directly reach the individual medical school or faculty practice plan, as opposed to being diverted to managed care plans or provider service networks.
2. Be designed in a manner that helps develop a strong framework for Florida's medical schools to serve as an active and ongoing partner with AHCA and CMS in furtherance of continued improvements and innovations for Florida's Medicaid program.
3. Consider the unique costs and benefits associated with medical education and training and ensure the valuable contributions that Medicaid providers, including medical schools, physicians, and hospitals that provide for medical education and training, are not lost through Medicaid program policy structure or the marketplace of managed care or provider service network contracting.

**Recommendation #1: The Council of Deans recommends that the Medicaid program continues the supplemental Medicaid funding for medical school physicians and practitioners. The Council of Deans urges that payment for such services by medical school physicians and practitioners directly reach the individual medical school or faculty practices, as opposed to being diverted to managed care plans or provider service networks.**

#### **Background and Rationale**

Florida currently has nine public and private, allopathic and osteopathic medical schools. Some schools have well-established faculty practice plans, while other medical schools have new and emerging faculty practice plans. In the past ten years, Florida has developed four new medical schools. The medical schools provide services through numerous diverse community-based outpatient settings as well as geographically dispersed academic and community hospitals.

Florida's medical schools play a vital role in caring for patients served by Florida's Medicaid program as faculty physicians and practitioners provide essential primary and specialty medical care in clinics, teaching hospitals, health departments and other health care facilities, providing annually more than two million office visits and encounters to patients served by the Medicaid program. Florida's medical school physicians and practitioners have received Medicaid supplemental funding since 2004-05. As reflected in AHCA's April 20, 2015 LIP Amendment Request, teaching physicians and practitioners employed or under contract with Florida's medical schools were added to the LIP program for the period July 1, 2014 to June 30, 2015. Budget authority for medical school physicians is currently provided in the amount of \$204.5 million under the physician supplemental payment program.

Services to the state's Medicaid population by medical schools having well-established faculty practice plans have continued to grow, and medical schools with new and emerging faculty practice plans are building additional programs that can enhance the state's capability to provide access and serve patients in the Medicaid program.

**Recommendation #2: The Council of Deans recommends that the Medicaid program continues to develop in a manner that ensures a strong framework for Florida's medical schools to serve as an active and ongoing partner with AHCA and CMS in furtherance of continued improvements and innovations for Florida's Medicaid program.**

## **Background and Rationale**

Florida's medical schools are prepared to work with AHCA and CMS to implement new patient-centered, managed care delivery models and value-based payment methodologies that reward quality and cost savings in addressing the medical needs of patients served by the Medicaid program. The State of Florida is ideally situated to redefine its partnership with academic medicine in order to leverage the unique clinical service, training, and research development capacities of the state's medical schools to create a platform for bringing innovative, transformative and scientifically leading-edge medicine to persons served by the Medicaid program. Florida's medical schools are well-situated to test effective models for care delivery; disseminate and implement research-based best practices; develop programs to improve clinical outcomes, reduce costs, improve individual and population health; develop training materials and methods for providers; develop programs to increase patients' engagement in their own care and health; and share the benefits of precision medicine and ground-breaking advances in the science of medicine, making such advances available to the Medicaid population.

In addition, as part of Florida's Medicaid reform initiative, the legislature created s. 409.975(2), Florida Statutes. Pursuant to this statute, Florida's medical schools established the Florida Medical Schools Quality Network (Network). Each allopathic and osteopathic accredited medical school is part of the Network. Through this Network, the medical schools are able to work with AHCA to provide an active and ongoing program to improve clinical outcomes in Florida's Medicaid program.

**Recommendation #3: The Council of Deans recommends that the Medicaid program continues to recognize the central role that medical schools and their faculty physicians play in assuring the adequacy of the state's physician workforce and continues to ensure that support for the unique costs associated with medical education and training is not lost through Medicaid program policy structure, or the marketplace of managed care or provider service network contracting.**

## **Background and Rationale**

Florida's medical schools contribute a substantial amount of medical resources to care for underserved, uninsured, underinsured, rural and inner-city patients. Medical schools further provide significant services for high-risk patients, including high-risk neonates, the elderly, and other persons having complex medical needs. Appropriate Medicaid funding is key to the ability of the medical schools to continue providing care that is needed.

Florida currently ranks 42<sup>nd</sup> of the 50 states in the number of graduate medical education (GME) positions per 100,000 persons, with approximately 19.0 resident physicians per 100,000 population. Florida's medical schools currently operate GME programs in traditional hospital settings, as well as provide programs in unique settings such as county health departments, prisons, and through multi-site consortia. Given that Florida is one of the fastest growing states in the country, with one of the larger aging physician groups in the nation, a challenge exists in ensuring that Florida will have a sufficient supply of well-trained physicians to provide medical care to Florida's future population. Accordingly, amendments to the Medicaid program waiver should be developed and implemented in a manner that will not be detrimental to medical schools or other providers that sponsor physician residency training. These providers are an important component of Florida's health care system.

In 2011, the Florida legislature passed legislation restructuring the Medicaid program as a fully capitated managed care model. This managed care model transitioned to statewide implementation in 2014. Marketplace decisions present in Medicaid managed care programs will reshape the Medicaid program's role in purchasing health care services for Medicaid recipients. A tenet of the Medicaid program is the desire to ensure the systems of care delivery meet higher standards and ensure delivery of quality services. However, inclusion of providers by managed care or provider service networks is frequently based on economic factors, without taking into account

higher standards and quality provided by medical schools and affiliated physician residency training facilities. Additionally, there are certain added costs associated with providing the State with medical education and training. Examples include, but are not limited to: the additional patient-care staffing required by medical schools and residency training programs, the availability of state-of-the-art equipment and medical personnel needed to provide complex services to patients needing such medical care, and the additional financial burden of providing a substantial amount of uncompensated or undercompensated medical care. The Council of Deans is committed to working with AHCA, CMS, managed care plans and other health care providers on statewide transformation towards patient-centered care delivery and achieving the "Triple Aim" of better care, better health and lower costs. In the meantime, maintaining the transitional LIP or similar funding for medical schools and their faculty physicians is vital in order that patients have access to care. **It is the concern of the Council of Deans that, without considering such factors, through means such as supplemental Medicaid payments to medical school physicians and practitioners, or other effective strategies, Florida will lose the value and enhancements that the medical schools and their health care professionals provide to the state, its communities, and its residents and visitors.**

In conclusion, the Council of Deans reiterates support for the continuation of medical school supplemental funding through LIP as provided for in AHCA's Public Notice Document Low Income Pool Amendment Request as posted on April 20, 2015. Florida's medical schools look forward to working with AHCA in the further development of the Medicaid program to ensure that it remains a premier health care program for Florida's citizens. The Council of Deans appreciates the tremendous effort and dedication that AHCA has shown in leading Florida's Medicaid program. The deans of Florida's medical schools look forward to working with AHCA and the Medicaid program through this LIP amendment process and on an ongoing basis and with the Florida Medical Schools Quality Network as Florida's Medicaid program continues to develop to meet the needs of our state and its citizens.

Sincerely,



John P. Fogarty, M.D.  
Chair, Council of Florida Medical School Deans  
Dean, Florida State University College of Medicine



Michael L. Good, M.D.  
President, Florida Medical Schools Quality Network  
Dean, University of Florida College of Medicine

April 30, 2015

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

**RE: Florida 1115 MMA Amendment Request for Low Income Pool Program (LIP) Redesign Approval through June 30, 2017**

Dear Mr. Senior:

On behalf of the North Broward Hospital District, d/b/a/ Broward Health, I submit the following comments. Broward Health is a safety net hospital system serving more than two-thirds of the 1.9 million residents in Broward County. We have four hospitals, which include two trauma centers, two comprehensive stroke centers, two primary stroke centers, a children's hospital, and a wide array of other services including numerous outpatient sites and specialty clinics throughout our service area. Our providers see more than 900,000 outpatients and care for more than 62,000 admissions every year. We are also a training facility for nursing students, medical students and paramedics. In addition, we graduate more than 100 medical residents every year. These are new doctors that serve our community and our citizens. Our physicians and nurses also conduct medical research to create new life-saving measures.

We are a provider of last resort for all who need health care, regardless of socio-economic status or insurance coverage. Medicaid is 30.3% of the Broward Health system's inpatient days and with Medicaid only reimbursing at 48% of costs, Broward Health will be forced to eliminate and reduce programs, services and employees if Low Income Pool (LIP) replacement is not approved. The Broward Health system in fact will be cut \$92.8 Million if the current LIP model is repealed without a commensurate replacement model and amount.

The LIP funding is critical to Broward Health. We support the LIP replacement model submitted to federal CMS by AHCA as the proposal provides a sound step towards a next generation low income patient access and care financing model. The proposal recognizes the disproportionate volume of the patient care provided by safety net hospitals while addressing federal CMS policies. We support the:

- Total funding level request of \$2.167 billion.
- Modification of the current model to direct LIP funds into reimbursement rates and policy-based standards, such as critical need services.
- Restructured Hospital Distributions-the LIP Replacement Model more broadly distributes funding and continues to encourage access for vulnerable populations.

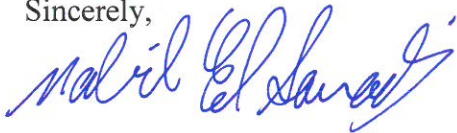


Justin Senior  
Deputy Secretary for Medicaid  
April 30, 2015  
Page 2 of 2

- Consolidated IGT Pool- The consolidated IGT pool serves to improve transparency and eliminate “pay for play” of IGT contributors.
- Incentivizing and protection of the IGTs contributed. Contributors of IGTs to the statewide pool are provided an assurance of a payment amount equal to the IGTs contributed, plus a reasonable incentive return.
- Addressing of the shortfall in Florida’s DRG Pediatric Services Reimbursement-Florida DRG reimbursement model does not cover the cost of hospital care for medically fragile babies and children. The new LIP replacement model adjusts the DRG pediatric outlier policy to improve the reimbursement to 80% of costs over \$60,000 for pediatric patients requiring severity level 3 & 4 treatment.
- Addressing of the New Cost Cap policies - Hospitals whose IGTs are used to subsidize the statewide Medicaid managed care capitation rates shall receive an exemption from their cost cap equivalent to the amount of the IGT.
- Transition Period - The transition to a new LIP model is implied in this model and will minimize financial chaos as Florida moves to a new supplemental funding program.
- Teaching faculty Funding - Medical school faculty support would be continued.

Thank you for the opportunity to submit these comments.

Sincerely,



Nabil El Sanadi, MD  
President/CEO



## Ida Wallace Bennett Family Health

1115 MMA Waiver Amendment Request  
Office of the Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

Regarding: Changes to Florida's 1115 Managed Medical Assistance Waiver program

Proposed changes to Florida's 1115 Managed Medical Assistance waiver program requires Medicaid recipients receiving long term care benefits be enrolled in a managed care organizations, medical assistance plan within thirty days of qualifying to receive long term care benefits. As an Advanced Registered Nurse Practitioner (ARNP) Medicaid enrolled primary care provider, there are concerns that cost and access to primary care for people confined to their homes will continue to be adversely affected.

According to data received from the Agency for Health Care Administration (2015) Florida had 7,459 Advanced Registered Nurse Practitioners enrolled as individual primary care providers in 2009, 7,972 ARNPs in 2010, 7,834 ARNPs in 2011, 8,970 ARNPs in 2012, 10,097 ARNPs in 2013 and 11,051 ARNPs in 2014. This is significant because Florida Statute 409.966(3)(c) Medicaid Managed Care (eligibility plan, selection), states that preference shall be given to plans that have signed contracts with primary and specialty physicians in sufficient numbers, in addition Florida has a shortage of primary care Physicians (Florida Workforce Report, 2013, 2014).

Mandatory Medicaid services are defined in Florida Statute 409.905 (1) and makes paying Advanced Registered Nurse Practitioners for services furnished to Medicaid recipients a requirement of the state in accordance with title XIX of the Social Security Act. The Florida Medicaid Handbook (2014) criteria for ARNPs to enroll and be reimbursed as Medicaid providers is that: the ARNP must be credentialed according the Florida Statute 464 (Nurse Practice Act), must have an individual national provider identification number, an individual Medicaid number, must collaborate with a Medical Doctor, Doctor of Osteopathic Medicine,

**Correspond to Ida Wallace Bennett Family Health**  
Post Office Box 783 • Deerfield Beach • Florida 33441  
p: 561-900-6737 f: 954-422-1726 e: arnpj@icloud.com



## Ida Wallace Bennett Family Health

or Dentist as stipulated in the Nurse Practice Act, can provide diagnostic and interventional patient care, can bill individually or through a group practice, and are considered primary care providers. Congruent to the Social Security Act, Florida's Agency for Health Care Administration authorizes Advanced Registered Nurse Practitioners to sign Medical certification for Nursing Facility/Home and Community Based services (3008) form. The 3008 Form authorizes patients enrolled in statewide Medicaid Managed Medical Assistance long term care programs to receive benefits in nursing homes or community residences.

Approximately 43% of Florida's Advanced Registered Nurse Practitioners work in primary care (Florida Center for Nursing, 2014). ARNP Medicaid enrolled primary care providers use the same evaluation and management codes to bill for services rendered to Medicaid patients, but ARNPs are paid 80% of the amount allowed payable to Physicians. When Medicaid enrolled ARNPs bill under a Physician, rates are paid up to 100% of the allowed amount.

Proposed changes should include these incentives for Statewide Medicaid Managed Care insurance plans to contract with Medicaid credentialed Advanced Registered Nurse Practitioner primary care providers as individuals or through group practices in Florida's 1115 Managed Medical Assistance and long term care plans.

Sincerely,

*Pamela V Johnson*

Pamela V Johnson ARNP, FNP-BC  
President of ConsultIdaNP



*Florida House of Representatives*  
Democratic Caucus

Rep. Mark Pafford  
*Democratic Leader*

Rep. Mia Jones  
*Democratic Leader pro tempore*

May 1, 2015

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

RE: 1115 MMA Amendment Request to Extend LIP through June 30, 2017

Dear Mr. Senior:

On behalf of Florida House Democrats, I offer the following comments in response to your request to amend Florida's Managed Medical Assistance (MMA) 1115 Research and Demonstration Waiver (Project Number 1 I-W-00206/4).

We support a broad and new solution to addressing the purposes of the current Low Income Pool program. By doing so, Florida could take advantage of the immense benefits to the state offered by full implementation of the Affordable Care Act.

House Democrats recognize that AHCA's actions are limited to authority delegated to it by the Legislature. Therefore, we urge the agency to advocate on behalf of the complete plan developed by the Florida Senate, a proposal pending as part of the Legislature's unfinished budget negotiations.

We agree that a transitional form of LIP is absolutely necessary, but is only a piece of the solution, as made clear by correspondence from the Centers for Medicare and Medicaid Services. We recognize CMS has asked Florida to find "sustainable, transparent, equitable, appropriate, accountable, and actuarially sound Medicaid payment systems and funding mechanisms that will ensure quality health care services to Florida's Medicaid beneficiaries throughout the state without the need for Low Income Pool (LIP) funding."

It is the position of House Democrats that the plan developed by the Florida Senate and included in its proposed budget represents a legitimate response to this request and is a substantive starting point to further negotiations. We do not believe proposals to extend LIP in its current form are responsive to the CMS request nor do they address the long-range need to stabilize the health care system in Florida.



May 1, 2015  
Page 2

It is our reading of the Senate proposal that expansion of comprehensive coverage is a necessary complement to continuation of a reformed version of LIP. We urge the agency to represent the entirety of the Senate plan in its application for an extension of the LIP component to Florida's waiver. It is our belief that this represents the best opportunity for success in negotiations with the federal government. That, in turn, would facilitate a program that addresses the legitimate concerns of the people of Florida, businesses in the state and the safety-net hospitals that now provide the bulk of the care to uninsured patients.

We find the analysis of the Senate plan performed by the Legislature's own Office of Demographic & Economic Research compelling and convincing. This detailed analysis from a trusted and accurate source presents an overwhelming argument that this full proposal is good for the state, good for the people of Florida and responsive to our federal partners.

For all these reasons, we ask AHCA to faithfully represent the entirety of the Senate's proposal to federal officials. In this way Florida may anticipate a clear signal from CMS about the suitability of this plan and its chances of successfully reaching an agreement on this critical issue. Doing so vastly improves the chances the Florida Legislature will have the means to make an informed and positive choice about the provision of health care in this state.

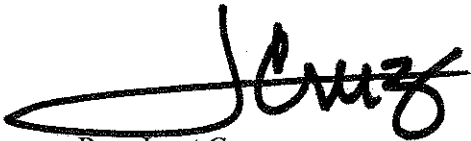
Sincerely,



Rep. Mark Pafford  
Leader, Florida House Democrats



Rep. Mia Jones  
Leader pro tem, Florida House Democrats



Rep. Janet Cruz  
Leader-designate, Florida House Democrats



Rep. Evan Jenne  
Policy Chair, Florida House Democrats



Rep. David Richardson  
Rules Chair, Florida House Democrats

**Lisa Jernigan, MD**  
**Associate Director**  
**Tallahassee Memorial HealthCare Family Medicine Residency**  
[Lisa.jernigan@tmh.org](mailto:Lisa.jernigan@tmh.org)

Low Income Pool (LIP) funding is crucially important to the State of Florida at this time.

Physicians from our program provide inpatient care, outpatient care, and travel to five surrounding rural counties to provide prenatal care to low income women. We also deliver those women at Tallahassee Memorial Hospital.

LIP supports the county health departments where much of the prenatal care is provided. As the "Share of Cost" funding was discontinued the county health departments became dependent upon the LIP funds to continue providing care to pregnant women, and indeed to perform many of their clinical functions. The small counties where I work have no providers with a daily presence that are willing to see uninsured women, and in some counties none that are willing to see patients on Medicaid, during their pregnancies. We have developed strong relationships and communication with the nursing and ARNP or midwifery staff in the counties where we work and are thus able to respond to the needs of our patients all week long. Loss of LIP funding would potentially result in the inability of counties to continue to provide this and other crucial public health services. These patients are not able to travel to other towns for care for many reasons. These counties already have high rates of infant mortality, and there are many times that we catch something potentially life threatening in these clinics, particularly pre-eclampsia, pre-term labor, or diabetes complicating pregnancy. Loss of LIP funding at this time would result in an increased number of sick moms and babies, increasing health care costs dramatically. Passage of the Medicaid expansion would potentially help here, but some of the women we serve would not be eligible even for that program, and thus LIP is needed to serve those needs.

LIP funding also supports the Transitional Care Center at TMH, which has been instrumental in reducing re-admissions among patients recently discharged from the hospital by providing care and follow up as they are connected to a primary care home. This has been a revolutionary and highly inventive program that has been copied by hospitals nationwide. Loss of LIP threatens this directly, and will increase health care costs to our community.

LIP funding also supports a therapeutic lifestyle change research and treatment program sponsored by the Family Medicine Residency, where at risk patients learn important self care and prevention skills. This program has proven its value, and is being prepared for sharing with providers nationwide as a result. No insurance product is currently covering this service, and most of our patients who are enrolled are either uninsured or on Medicaid, thus the program is dependent on the LIP grant to continue.

LIP funding also goes to TMH (and other hospitals) directly to offset their increased burden of caring for the uninsured. Without LIP funds hospitals will be financially damaged, and services will be reduced. Passage of the Medicaid Expansion would also reduce this need for LIP.

Jonathan M. Ellen, M.D.  
President and Physician-in-Chief  
All Children's Hospital Johns Hopkins Medicine  
Vice Dean and Professor of Pediatrics  
Johns Hopkins University School of Medicine

Office of the President  
All Children's Hospital  
501 Sixth Avenue South  
St. Petersburg, FL 33701  
727-767-6873 T  
727-767-2821 F



May 4, 2015

Proposed LIP Amendment to 1115 MMA Waiver

Justin Senior  
Office of the Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS 8  
Tallahassee, Florida 32308

Dear Mr. Senior:

All Children's Hospital appreciates the Agency for Healthcare Administration's leadership regarding the Low Income Pool funding. Specialty licensed children's hospitals, like All Children's, could lose \$55 million towards the care of Florida's sickest children if funding for the Low Income Pool program is not extended.

As one of only three specialty licensed children's hospitals in Florida, the challenges facing hospitals like All Children's are unique. We are completely and solely dedicated to the health and well-being of children, and are the state's highest Medicaid provider, with 70 percent of our patients benefiting from Medicaid. We treat many of Florida's sickest children, and are devoted to providing these vital services, despite the fact that Medicaid reimbursements often do not cover the cost of care. The unknown future of the Low Income Pool (LIP) has put into jeopardy over \$55 million in support that All Children's receives. It must be noted that Medicaid expansion would not help make up for the loss of the LIP funding as no additional children under 18 years of age would become eligible for Medicaid and as such, Medicaid expansion would not reduce the level of uncompensated care provided by the specialty licensed children's hospital.

All Children's will always be dedicated to providing care for children. However, the loss of \$55 million in LIP dollars will have a devastating impact that will force us to seriously reconsider the level at which we are currently able to provide these services, as well as the scope of our research and education mission tenets. We ask that within your discussions with CMS you continue to promote a model that extends the Low Income Pool program and ensures specialty licensed children's hospitals like All Children's Hospital are protected. We look forward to working with you on solutions.

Sincerely,

Jonathan M. Ellen, M.D.  
President and Physician-in-Chief  
All Children's Hospital Johns Hopkins Medicine  
Vice Dean and Professor of Pediatrics  
Johns Hopkins University School of Medicine

**From:** Tina Biddle  
**Sent:** Tuesday, May 5, 2015 7:57 PM  
**To:** FLMedicaidWaivers  
**Subject:** Proposed Amendment to 1115 MMA Waiver

Speaking as a public health nurse, I have been able to see first-hand just how important the LIP funding is for this state. I work and live in a very poverty stricken county in the panhandle and am able to see the benefits of local resources made possible by this funding: allowing uninsured Floridians access to healthcare, access to educational classes/materials important to help maintain their health, and some advanced care that otherwise they would not be able to access due to cost. The new proposed amendment is of the utmost importance for ALL FLORIDIANS as we strive to make Florida the healthiest state in the nation.

Tina Biddle, LPN II (Referrals)  
Florida Department of Health



**Gregg MacDonald**  
President, Florida

May 7, 2015

1115 MMA Amendment Request  
Justin Senior, Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive MS #8  
Tallahassee, FL 32308

Dear Deputy Secretary Senior:

WellCare strongly supports the state's efforts to make improvements to its current Low Income Pool (LIP) program. As a company dedicated to providing services to government sponsored programs we believe that a strong safety net is needed for Florida residents. We also recognize the complexity of this program and appreciate the time and energy spent by the members of the Florida Senate, among others, to develop a program that is both compliant with federal rules and regulations and supportive of our health care safety net and the people served by that safety net.

We support the State's efforts to strengthen the LIP funding in the following manner:

- Allocating the LIP financing to hospitals on a more objective basis – establishing specific and well-defined criteria that achieves the State's goal of better quality and improved access for Medicaid beneficiaries.
- Establishing specific quality goals that hospitals must achieve to receive LIP financing
- The State should require that the Lip-eligible hospitals contract with plans at a rate not to exceed 105% of the Medicaid rate or alternatively, limit participation in the LIP financing to hospitals that do not charge, on average across MCOs in MMA, more than 105% of the Medicaid rate.

While WellCare is generally supportive of the LIP Amendment, we would like to make one suggested change to strengthen the state's effort to move to managed care where its residents receive more coordinated, efficient health care services. We recommend that the state amend the LIP program to reflect the need to rebalance the contracted rates paid to hospitals by managed care organizations. Contracted rates were negotiated prior to the Managed Medical Assistance program which assumed that the LIP 6 funds would be passed through the Medicaid health plan rates as they had been in the past. During the 2014 legislative session, the LIP program was modified.



May 7, 2015  
Page 2 of 2

Under that modification, these funds were removed from the rates. Despite legislation precluding hospitals from being paid twice for the uncompensated care services represented by LIP 6, many hospital systems have proven unwilling to renegotiate their rates to reflect the absence of the LIP 6 funds creating a higher-than-necessary payment to some hospitals which are now receiving both the higher contracted rate and the LIP 6 funds directly from AHCA. We recommend that the state tie the DRG Base Enhancements payments to a rebasing of the contracted rates to more appropriately pay these hospitals.

Thank you for the opportunity to provide these comments. We look forward to our continued work together to improve the quality of care provided to our Medicaid members.

Sincerely,

A handwritten signature in black ink that reads "Gregg MacDonald".

Gregg MacDonald  
President

cc: FAHP  
The Honorable Aaron Bean  
The Honorable Rene Garcia  
The Honorable Andy Gardiner  
The Honorable Tom Lee

**From:** Bob Rinker  
**Sent:** Thursday, May 7, 2015 10:35 AM  
**To:** FLMedicaidWaivers  
**Subject:** Expand Medicaid

As a tax paying resident of Florida, I am in favor of the senate's plan to expand Medicaid coverage in Florida. I have reviewed the governor's objections and do not consider any of them legitimate . It makes much more sense to get people on insurance. The governor and the house are just engaging in political posturing on this issue. Do not continue the low income pool. We need to expand Medicaid. It's the right thing to do.

Bob Rinker

**From:** Michelle Lucci  
**Sent:** Thursday, May 7, 2015 10:51 AM  
**To:** FLMedicaidWaivers  
**Subject:** 1115 MMA Waiver Amendment request

To Whom It May Concern,

Elected officials in the State of Florida are clearly not governing with the best interests of all residents in mind. Although Florida has some wealthy residents, the majority do not fit into the wealthy bracket. Most resident are low income and below with little or no opportunity to advance up the ladder. Jobs in this state are service based with only one large company headquartered here. Service based jobs are often part-time and offer no benefits, including health care.

It would be in the interests of every resident in this state to expand Medicare under the Affordable Health Care Act. Governor Scott should put aside his hatred and disrespect for our country's President. It only makes him look like a small man when he behaves in the way he does. The federal government is under no obligation to hand us billion dollar checks to pay for care of the uninsured. Suing them and wasting more taxpayer money is shameful.

Do the right thing!





May 7, 2015

Justin Senior, Deputy Secretary for Medicaid  
Agency for Health Care Administration  
Office of the Deputy Secretary for Medicaid  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

Sent via email: [FLMedicaidwaivers@ahca.myflorida.com](mailto:FLMedicaidwaivers@ahca.myflorida.com)

Re: 1115 MMA Waiver Amendment Request

Dear Mr. Senior:

On behalf of the H. Lee Moffitt Cancer Center & Research Institute and the University of Miami's Sylvester Comprehensive Cancer Center, we offer the following comments as input to your request to amend Florida's Managed Medical Assistance (MMA) 1115 Research and Demonstration Waiver (Project Number 1 I-W-00206/4). We support Florida's Agency for Health Care Administration (AHCA) request to extend a program like Florida's Low Income Pool Program (LIP) beyond June 30, 2015, and urge the Centers for Medicare and Medicaid Services (CMS) to timely adopt a transitional redesign of LIP.

H. Lee Moffitt Cancer Center & Research Institute (Moffitt) and the University of Miami's Sylvester Cancer Comprehensive Center (Sylvester) represent our state's only two stand-alone cancer centers. Under the current proposal, most hospitals experience an increase in funding; however, Moffitt and Sylvester show the two highest decreases in total support. The LIP proposal before you redirects portions of the LIP historically associated with hospitals that have Intergovernmental Transfer (IGT) dollars to providers based on policy-based standards. The revised LIP proposal distributes funds much more broadly than the current LIP, so that many more hospitals benefit from the program. While we support the intent of the proposal, we also would encourage further consideration of adjustments to the model to better support the care and treatment provided by Florida's two Dedicated Cancer Centers.

In addition to being Florida's only two stand-alone cancer centers, our centers are also part of the national Alliance of Dedicated Cancer Centers. The alliance is comprised of 11 of the world's leading cancer centers that share a singular focus on advancing cancer prevention, diagnosis, and treatment. Alliance members take a leadership role in assuring that new knowledge is disseminated to the entire cancer community and that every cancer patient has access to the best available care and treatment. Based on government data, patients initially treated at a Dedicated Cancer Center have better five-year survival rates for all types of cancer than patients treated at other hospitals, including the most common cancers — breast, colorectal, lung, and prostate cancer.

Cancer is a leading cause of death in Florida and our state has the second-highest number of new diagnosed cancer cases in the U.S. Both Moffitt and Sylvester provide critical access to inpatient and outpatient cancer treatment and care to our state's uninsured and Medicaid patients. At the same time, both institutions also conduct significant amounts of research which combined with our state-of-the-art therapies provides the greatest possibility of successful cancer treatment to our patients. Moffitt and Sylvester are committed to working with the AHCA and CMS on behalf of the patients we serve to help ensure a successful statewide transformation of the Medicaid program in Florida.

Sincerely,



Alan F. List, M.D.  
President & CEO  
H. Lee Moffitt Cancer Center & Research Institute



Richard Ballard  
President & CEO  
Sylvester Comprehensive Cancer Center



**Gregg MacDonald**  
President, Florida

May 7, 2015

1115 MMA Amendment Request  
Justin Senior, Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive MS #8  
Tallahassee, FL 32308

Dear Deputy Secretary Senior:

WellCare strongly supports the state's efforts to make improvements to its current Low Income Pool (LIP) program. As a company dedicated to providing services to government sponsored programs we believe that a strong safety net is needed for Florida residents. We also recognize the complexity of this program and appreciate the time and energy spent by the members of the Florida Senate, among others, to develop a program that is both compliant with federal rules and regulations and supportive of our health care safety net and the people served by that safety net.

We support the State's efforts to strengthen the LIP funding in the following manner:

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While WellCare is generally supportive of the LIP Amendment, we would like to make one suggested change to strengthen the state's effort to move to managed care where its residents receive more coordinated, efficient health care services. We recommend that the state amend the LIP program to reflect the need to rebalance the contracted rates paid to hospitals by managed care organizations. Contracted rates were negotiated prior to the Managed Medical Assistance program which assumed that the LIP 6 funds would be passed through the Medicaid health plan rates as they had been in the past. During the 2014 legislative session, the LIP program was modified.



May 7, 2015  
Page 2 of 2

Under that modification, these funds were removed from the rates. Despite legislation precluding hospitals from being paid twice for the uncompensated care services represented by LIP 6, many hospital systems have proven unwilling to renegotiate their rates to reflect the absence of the LIP 6 funds creating a higher-than-necessary payment to some hospitals which are now receiving both the higher contracted rate and the LIP 6 funds directly from AHCA. We recommend that the state tie the DRG Base Enhancements payments to a rebasing of the contracted rates to more appropriately pay these hospitals.

Thank you for the opportunity to provide these comments. We look forward to our continued work together to improve the quality of care provided to our Medicaid members.

Sincerely,

A handwritten signature in black ink that reads "Gregg MacDonald".

Gregg MacDonald  
President

cc: FAHP

The Honorable Aaron Bean  
The Honorable Rene Garcia  
The Honorable Andy Gardiner  
The Honorable Tom Lee



**Gregg MacDonald**  
President, Florida

May 7, 2015

1115 MMA Amendment Request  
Justin Senior, Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive MS #8  
Tallahassee, FL 32308

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May 7, 2015  
Page 2 of 2

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Sincerely,

A handwritten signature in black ink that reads "Gregg MacDonald".

Gregg MacDonald  
President

cc: FAHP

The Honorable Aaron Bean  
The Honorable Rene Garcia  
The Honorable Andy Gardiner  
The Honorable Tom Lee



MEMORIAL REGIONAL HOSPITAL • JOE DIMAGGIO ♥ CHILDREN'S HOSPITAL  
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE

May 8, 2015

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

*submitted electronically*

RE: 1115 MMA Waiver Amendment Request

Dear Mr. Senior:

Thank you for this opportunity to comment on your request to amend Florida's Managed Medical Assistance (MMA) 1115 Research and Demonstration Waiver (Project Number 11-W-00206/4). We appreciate the Agency's efforts to extend the Low Income Pool (LIP) through June 30, 2017, a critical element to help ensure timely access to necessary health care services for the State's Medicaid beneficiaries, the uninsured, and the underinsured. We fully support this extension, and we offer the following comments to help strengthen your request.

CMS Guidelines

Acting Director Vicki Wachino of the Centers for Medicare and Medicaid Services (CMS) provided some specific guidelines for the evaluation of a waiver extension:

1. Coverage rather than uncompensated care pools is the best way to secure affordable access to health care for low income individuals and uncompensated care pool funding should not pay for costs that would be covered in a Medicaid expansion.
2. Medicaid payments should support services provided to Medicaid beneficiaries and low income uninsured individuals.
3. Payment rates should be sufficient to promote provider participation and access, and should support plans in managing and coordinating care.
4. A transition period may ease the process of reducing the LIP.

### LIP is Coverage

As a part of the approval of the current waiver, the Agency and CMS agreed to a specific set of Special Terms and Conditions (STCs). As described in the preamble to those STCs:

*Low-Income Pool (LIP)* will be established and maintained by the state to provide direct payment and distributions to safety net providers in the state for the purpose of **providing coverage** to the uninsured through provider access systems. [Emphasis added].

In other words, the **LIP is *not* an uncompensated care pool as has been implemented in other states' waivers, but rather a limited expansion of coverage for individuals who meet the definition of uninsured or underinsured** for specific encounters for hospital services (and certain LIP-participating non-hospital services). Expenditures under LIP have been consistently reported to CMS as expenditures under Medicaid Eligibility Group (MEG) 3 – LIP.

Therefore, the State proactively (prior to the passage of the Affordable Care Act - ACA) undertook to address a good portion of the cost of uncompensated care through a limited, efficient, retrospectively-determined coverage expansion. There is even reasonable argument that Florida should qualify as an “expansion state” under the definitions in the ACA and receive a higher Federal Medical Assistance Percentage (FMAP) for a portion of its Medicaid program expenditures.

### LIP Payments Support Services Provided

As required by the STCs, hospitals that receive LIP payments submit annual LIP Cost Limit reports summarizing the costs of services provided to the patient population defined in the CMS-approved Reimbursement and Funding Methodology document. Based on these reports, providers are either determined to have been paid no more than the cost of services furnished to Medicaid and uninsured patients, or an overpayment amount is identified and recouped from the provider.

**No Medicaid payments are unsupported by patient care services actually furnished to eligible individuals.**

### Dollars Follow the Patient

Although LIP payments are not made on a claim-specific basis, the information regarding the amount of otherwise uncompensated care furnished is used to determine provider eligibility to receive LIP support and certain of the measures to compute the amount of that support. For example, the proposed Specialty Pediatric LIP distributions use audited data from 2007, 2008 and 2009. **So while the current payment is not tied to individual current patients, it does follow the patient, albeit some year later.**

### Payment Rates are Limited by Budgetary Concerns

LIP payments do offset a portion of the shortfall between Medicaid cost and Medicaid payments for the regular fee-for-service Medicaid patients. Adequate base payment rates would alleviate that shortfall, but would require a source of the State share of those Medicaid expenditures. Reforms made to Florida's Medicaid program, coupled with expanding use of electronic health records, should yield new efficiencies, but not sufficient by themselves to offset the needed increase in rates. Absent an increase in base rates, the use of LIP to cover this shortfall is necessary because it enables local resources to fund the State share through intergovernmental transfers.



All of Florida's hospitals participate in the Medicaid program, so **hospital provider participation is not an issue** with rates. Expanded services, hours of access, and location of service could be improved *for all patients* with additional funding, *and are at risk* if funding is reduced.

The effect on total provider payments is the same as increasing the base rate, but the different payment mechanism is what enables the State share funding. **CMS should not withhold approval of this extension because we pay providers the same amount out of one pocket versus the other.**

#### Expansion is Insufficient

The State does still have the option of expanding the Medicaid program under the ACA to cover certain individuals not currently covered by Florida's Medicaid program. The pros and cons of expansion are being debated by our legislature at this time, and do not need repeating here. We were encouraged to see the message from CMS that extension of this waiver is *not* contingent upon expansion of our Medicaid program.

That is not to say that the two are wholly unrelated, and we understand that the Agency is seeking only that amount of LIP funding necessary to cover the estimated uncompensated care expected *as if* expansion was in place. **We strongly support that funding** because even if expansion takes place, a very significant amount of uncompensated care will still occur.

First, even when covered by Medicaid, hospital benefits are limited. For Memorial Healthcare System, the cost of services furnished to Medicaid eligible persons whose benefits were exhausted (or subject to share-of-cost reductions) amounts to almost 40% of the total cost of all Medicaid services.

Memorial Healthcare System also has a higher threshold for qualifying individuals for charity discounts: a full discount for individuals and families up to 200% of the poverty income guidelines, and a sliding scale discount up to 400%. Expansion of Medicaid does not go that far.

The Agency and others have already cited reports about the remaining uninsured after Medicaid expansion. CMS has itself acknowledged that even "universal" insurance coverage under the ACA does not completely eliminate the uninsured volume of services that will be needed. **We encourage CMS to continue helping us fill this gap by extending the funding of our LIP program**, a program that is **already working** to limit the growth of Medicaid expenditures while still encouraging the provision of the highest quality medical services.

#### We Need to Plan Now

Should CMS grant the requested extension, **we need to begin preparing immediately** for July 1, 2017. The reliance on local sources of funding to support the State share of Medicaid expenditures is an unfortunate reality in a State with no individual income tax source of general revenues. Florida has relied on local sources since the inception of its Medicaid program by requiring a County share for a percentage of the local Medicaid expenditures. The use of IGTs is simply another means of accessing local resources.

Continued local participation needs to be encouraged, and **we will need CMS assistance** to devise a means that is more sophisticated than simply increasing base rates so that those providers with access to local funding sources can continue to support the Medicaid program. Our patients are counting on us to solve this problem.

Thank you for consideration of our comments. We look forward to assisting in any way possible to help achieve this extension request.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Davis". The signature is fluid and cursive, with the first name "Scott" being more prominent than the last name "Davis".

Scott J. Davis, CPA FHFMA  
Administrative Director, Reimbursement & Revenue Integrity  
Memorial Healthcare System  
3501 Johnson Street  
Hollywood, FL 33021

(954) 265-5105  
[SDavis@mhs.net](mailto:SDavis@mhs.net)

May 8, 2015

1115 MMA Waiver Amendment Request  
Office of the Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, FL 32308

VIA E-MAIL TRANSMISSION:

St. Mary's Medical Center and the Palm Beach Children's Hospital appreciate the opportunity to comment on the proposed Low Income Pool (LIP) amendment. The continuation of a LIP program is vital to our ability to continue to be the safety net hospital for Palm Beach, Martin, St. Lucie, Okeechobee and Indian River Counties receiving over 3,500 transfers each year for advanced levels of care, especially for children.

The Palm Beach Children's Hospital at St. Mary's is a 142 bed embedded Children's Hospital operating under the license of St. Mary's Medical Center. The medical staff consists of over 200 pediatricians representing 34 pediatric subspecialties including Level I Trauma, congenital and open-heart surgery, advanced oncology and Level III Neonatal Intensive Care. Recently the Palm Beach Children's Hospital was asked to submit an application for membership to the Florida Association of Children's Hospitals (FACH) because our mission and pediatric admissions, especially of Medicaid patients, is greater than several of their current members.

St. Mary's is the 12<sup>th</sup> largest provider of Medicaid in Florida. On a yearly basis, 45% of our patients have Medicaid including 70% of the children admitted to the Palm Beach Children's Hospital at St. Mary's. Charity care and self-pay comprises an additional 10% of our admissions. If Medicaid only reimburses at 48% of costs and the LIP replacement is not approved, there will be a serious negative impact on our ability to provide care for adults and especially children.

The Palm Beach Children's Hospital at St. Mary's joins with the Florida Association of Children's Hospitals in supporting the LIP Replacement Model submitted to federal CMS by AHCA, and believe that the proposal provides a sound approach to address low-income patient access and a sound financing model. The proposal recognizes that disproportionate volume of patient care provided by safety net hospitals, but is especially important to our children's hospitals, while addressing federal CMS policies.

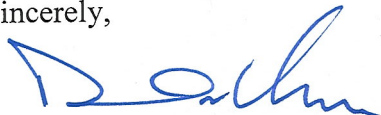
The Palm Beach Children's Hospital at St. Mary's requests this letter be included in the public records and notes that our comments echo those you recently received from the FACH.

St. Mary's Medical Center and the Palm Beach Children's Hospital supports the:

- **Total funding level request of \$2.167 billion** (state/local/federal)
- **Addresses Shortfall in Florida's DRG Pediatric Services Reimbursement**  
Florida's DRG reimbursement model does not cover the cost of hospital care for medically fragile babies and children. The new LIP replacement Model adjusts the DRG pediatric outlier policy to improve reimbursement to 80% of costs over \$60,000 for pediatric patients' requiring severity level 3 & 4 treatment.
- **Modification of the current model to direct LIP funds into reimbursement rates and policy-based standards, such as critical-need services.**
- **Restructured Hospital Distributions**  
The LIP Replacement Model more broadly distributes funding and continues to encourage access for vulnerable populations.
- **Consolidated IGT Pool**  
The consolidated IGT pool serves to improve transparency and eliminate 'pay for play' of IGT contributors.
- **Incentivizes and Protects the IGTs Contributed**  
Contributors of the IGTs to the statewide pool are provided an assurance of a payment amount equal to the IGTs contributed, plus a reasonable incentive return.
- **Addresses New LIP Cost Cap Policies**  
Hospitals whose IGTs are used to subsidize the statewide Medicaid managed care capitation rates shall receive an exemption from their cost cap equivalent to the amount of the IGT.
- **Transition Period**  
The transition to a new LIP model is implied in this model, and will minimize financial chaos as Florida moves to a new supplemental funding program.
- **Teaching Faculty Funding**  
Medical school faculty support would be continued.

Your kind consideration of this request is truly appreciated. If you would like additional information about St. Mary's Medical Center and the Palm Beach Children's Hospital please contact me or Assistant Administrator, Don Chester, at 561-881-2892 or email [don.chester@tenethealth.com](mailto:don.chester@tenethealth.com).

Sincerely,



Davide M. Carbone, FACHE  
Chief Executive Officer  
St. Mary's Medical Center &  
Palm Beach Children's Hospital

Cc Don Chester, Assistant Administrator Community and Government Relations  
Tom Schlemmer, Chief Financial Officer  
Brian Delburn, Manager Government Relations



May 13, 2015

1115 MMA Waiver Amendment Request  
Office of the Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, FL 32308

Via Fax: FLMedicaidWaivers@ahca.myflorida.com

RE: 1115 MMA Waiver Amendment Request

**The Florida Association of Children's Hospitals submits the following comments regarding the LIP Model to Amend 1115 Waiver**

The Florida Association of Children's Hospitals supports the LIP Replacement Model submitted to federal CMS by AHCA and believes that the proposal provides a sound approach to address low-income patient access and a sound financing model. The proposal recognizes the disproportionate volume of the patient care provided by safety net hospitals, particularly important to children's hospitals, while addressing federal CMS policies.

**WE WOULD LIKE THE FOLLOWING COMMENTS TO BE INCLUDED IN THE PUBLIC RECORDS.**

- **The Florida Association of Children's Hospitals (FACH) is a coalition of 15 children's hospitals. Combined, we provide nearly 57 percent of all pediatric hospital beds in Florida and 65 percent of all inpatient hospital days for children ages 0-17. These hospitals make up the backbone of the state's pediatric healthcare system. The hospitals provide care for the sickest and most vulnerable children; research cures for diseases affecting children; and train pediatricians, pediatrics specialists, and pediatric nurses.**
- **Florida's leading children's hospitals stand to lose a combined \$354 million if low-income pool (LIP) funding isn't continued.**
- **If Medicaid only reimburses at 48% of costs, member hospitals will have no option but to eliminate and reduce programs, services and employees given LIP replacement is not approved.**

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**FACH SUPPORTS THE:**

- **Total funding level request of \$2.167 billion (state/local/federal)**
- **Modification of the current model to direct LIP funds into reimbursement rates and policy-based standards, such as critical-need services.**
- **Restructured Hospital Distributions**  
The LIP Replacement Model more broadly distributes funding and continues to encourage access for vulnerable populations.
- **Consolidated IGT Pool**  
The consolidated IGT pool serves to improve transparency and eliminate 'pay for play' of IGT contributors.
- **Incentivizes and Protects the IGTs Contributed**  
Contributors of IGTs to the statewide pool are provided an assurance of a payment amount equal to the IGTs contributed, plus a reasonable incentive return.
- **Addresses Shortfall in Florida's DRG Pediatric Services Reimbursement**  
Florida's DRG reimbursement model does not cover the cost of hospital care for medically fragile babies and children. The new LIP Replacement Model adjusts the DRG pediatric outlier policy to improve reimbursement to 80% of costs over \$60,000 for pediatric patients' requiring severity level 3 & 4 treatment.
- **Addresses New LIP Cost Cap Policies**  
Hospitals whose IGTs are used to subsidize the statewide Medicaid managed care capitation rates shall receive an exemption from their cost cap equivalent to the amount of the IGT.
- **Transition Period**  
The transition to a new LIP model is implied in this model, and will minimize financial chaos as Florida moves to a new supplemental funding program.
- **Teaching Faculty Funding**  
Medical school faculty support would be continued.

Sincerely,



Jerry A. Bridgham, M.D.  
President

**From:** Candice Tettamanti  
**Sent:** Thursday, May 21, 2015 11:41 AM  
**To:** FLMedicaidWaivers  
**Subject:** LIP PUBLIC INPUT

May 20, 2015

Martin Health System welcomes this opportunity to weigh in on the Florida Agency for Health Care Administration's request for an extension of the Low Income Pool waiver.

The purpose of the Medicaid program is to allow low income citizens access to needed medical care. As the Navigant study pointed out, the current Medicaid rates Florida hospitals are paid are inadequate without supplemental funding. Even if our state government agrees on a way to expand Florida's current Medicaid program, hospitals will still need this additional funding. While the renewal application submitted by AHCA may not meet all of the changes requested by CMS, it is a good starting point that would keep the Medicaid program more adequately funded than the idea of letting this waiver expire without a substitute.

Hospitals in Florida are on the front-lines of care serving all patients regardless of their ability to pay. Hospitals in Florida are large employers, sometimes the largest employer for a community. It is not only for the health of our state but also for the good of our economic future that hospitals need CMS to maintain at least the current level of supplemental funding. We ask that during the approval process, CMS keep these things in mind and do what is right for our state and her citizens. Thank you.