

**Low Income Pool (LIP) Council Meeting
January 30, 2008**

Data Modeling Summary

All models incorporated \$43 million in new State General Revenue Funds (new GR) for the LIP program. Prior to beginning the first model, IGTs were adjusted to account for new GR, changes in DSH, and proportioned between LIP and Exemptions by local government entity, where appropriate.

Model 15

- Based on Model 14 from January 11, 2008 LIP Council Meeting.
- Maintained Model 14 new LIP 4 and LIP 5 distribution methodology (incorporating local funding and Medicaid and charity utilization).
- Included 50% bad-debt with a 10% cap in the LIP 5.
- Reduced \$10 million of Safety-Net payments for Tampa General, Shands Jacksonville and Shands Teaching hospitals.
- Applied growth in DSH to GME DSH program with emphasis on Tampa General, Shands Jacksonville and Shands Teaching.
- Increased Safety-Net payment to Jackson Memorial Hospital and Shands Jacksonville \$20 million and \$10 million respectively.
- Provided for 2% restoration of legislative cuts for Trauma hospitals.

Model 16

- Based on State Fiscal Year 2007-08 (SFY 07-08) distribution amounts
- Use updated FHURS (2006) and updated Audited DSH (2002, 03, & 04) data in appropriate categories
- Apply proportional reduction to LIP categories (as done historically) to account for new public IGTs.

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Data Modeling Summary

Model 17

- Based on Model 14.
- Use 50% bad-debt and 10% cap in allocation of LIP 5.

Model 18

- Based on Model 14
- Include 50% bad debt with 10% cap in allocation of LIP 5.
- Include \$30 million on funding from the Health Care District of Palm Beach County (HCDPBC) for the LIP program, proportionally reducing NEW IGTs from other local governments to account for the \$30M from HCDPBC.

Model 19

- Based on SFY 07-08 distribution amounts.
- Added \$30 million from HCDPBC for LIP
- Proportionally reduced NEW IGTs from other local governments to account for the \$30M from HCDPBC.
- Proportionally reduced LIP categories, as done historically, to account for new public IGTs and for increase in LIP2.
- Increased LIP2 to allow for a 15% increase on local funding along with the balance towards Medicaid and charity utilization.

Model 20

- Based on Model 4b from previous LIP Council meeting.
- Model 4b provided for Special LIP hospital distributions, removed LIP 1, LIP2, & LIP 3, and introduced a new LIP distribution based on local government funding and Medicaid and charity utilization by provider, using 2006 FHURS data.

Model 21

- Based on Model 14
- Apply tiered reductions to exemptions.
- Reduced \$10 million of Safety-Net payments for Tampa General, Shands Jacksonville and Shands Teaching hospitals.
- Applied growth in DSH to GME DSH program with emphasis on Tampa General, Shands Jacksonville and Shands Teaching.
- Provided for 2% restoration of legislative cuts for Trauma hospitals.
- Apply 20% for local funding for both LIP and exemption IGTs prior to distribution based on Medicaid and charity utilization.