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Better Health Care for all Floridians

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Policy Considerations for Low Income Pool (LIP) models

Table 1

What level of funding would you like for special LIP?

Proportional rural

Proportional primary care

Trauma -Level 1

Trauma - Level 2 or Pediatric

Trauma - Level 2 and Pediatric

Safety Net

Specialty Pediatric

Keep all current categories, eliminate categories or add new categories.

Should prior legislative actions be held harmless in the new LIP recommendation?

Table 2

What should the level of funding be for Table 2?

What intergovernmental transfers (IGTs) will receive an allocation factor? Example LIP, Exemptions, Disproportionate share hospital programs (DSH) and State Wide Issues (SWI).

What allocation factor would you like to use? Example 15%.

Use the Medicaid days, charity days and fifty percent bad debt days from the 2008 accepted FHURS data to distribute the balance of the table 2 LIP funds? And what threshold or percent of charity care/Medicaid must a hospital satisfy to receive any LIP Payments?

Should we hold rural hospitals harmless at \$2,419,517?

Table 3

DSH

Keep current DSH distribution methodologies or develop new ones?

Keep current funding levels in the existing DSH distribution categories or change/ shift the levels?

Regular

Graduate Medical Education (GME)

Family Practice

Providers Service Network (PSN)

Rural



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Page 2

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Exemptions

Keep current exemptions? Example Trauma, Statutory Teaching, exceeding the 11% threshold?

Increase or decrease the 11% threshold?

Table 4

Continue buybacks? Who should be eligible for a buyback?

Table 5

No policy considerations to be made.

Table 6

Keep current IGT fund sources?

Additional considerations:

Request additional/ new general revenue?

What level of funding should non-hospital issues receive? Examples: FQHC, CHDs and premium assistance. SFY 2009-10 funding for non hospital issues is \$51 million.