Meeting Agenda

Low Income Pool (LIP) Council Meeting
January 22, 2009

Tampa Airport Marriott
Hillsborough Grand Ballroom East
10:00 am – 4:00 pm
1-888-808-6959
Conference Code 4138067

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1. **Welcome and Housekeeping – Paul Belcher**

2. **Approval of January 9, 2009 Minutes – Paul Belcher**

3. **Presentation – St. Johns River Rural Health Network – Nikole Helvey**

4. **Update – Michele Hudson**
   - **Agency**
   - **Session**
   - **CMS**

5. **Models:**

   DSH
   - **Model 1**
     SFY 2009-10 growth applied to Regular DSH; current policy
   - **Model 2**
     SFY 2009-10 growth applied to GME DSH; current policy
   - **Model 3**
     SFY 2009-10 growth applied to GME DSH; split equally between Statutory Teaching and Family practice hospitals.

   LIP
   - **Model 7 – Mike Gingras (Previously presented Dec. 15, 2008 and Jan. 9, 2009)**
     Demonstrates: $25 Million New GR to cover increase in exemptions; updated with 2007 FHURS; Tiered Exemptions; Allocation Factor of 114.758%.
   - **Model 13 – Paul Belcher**
     Demonstrates: Rate buy backs using the $25 million GR and current policy on buy backs; $1 million for CHD; $1 million for FQHCs; Increased proportional allocation distribution by $4.6 million; Current exemption policy at 100%; allocation factor of 112.72; DSH distribution - Increase family practice to $1.8 million and distribute remainder in GME silo based on current formula.
   - **Model 14 – Dwight Chenette**
     Demonstrates: Allocation factor 114%; reduced LIP qualifying threshold from 10 to 8%; for any county over their equitable distribution of IGTs a (uninsured plus Medicaid Enrollees) IGT reduction of 5%; includes a Health Care Demonstration Project; DSH distribution - Allocate $4 million to rural hospitals participating in the Rural Hospital DSH Program, Allocate $9 million to public hospitals, Allocate $4 million to statutory teaching

hospitals, Allocate $2 million to others DSH qualifying hospitals, Allocate $1 million to regional prenatal intensive care centers.

- **Model 15 – John Benz**
  Demonstrates: Begin with Model 11; $10 million funding of Primary Care Innovation: Allocate to hospital-based primary care centers that are approved by the LIP Council via an application for funding; Proportional Allocation Distribution participation limited to providers with at least 5% combined Medicaid and Charity utilization; Consistent with CMS approved definition of LIP cost limit, exclude bad debt days from allocation basis; allocation factor of 115.6 %; increase in DSH funds allocated to hospitals based on hospital PSN inpatient days; $15 million of unallocated LIP IGTs, with an associated $18 million in Proportional Allocation Distribution payments, allocate to premium assistance projects.
- **Model 16 – Tony Carvalho**
  Demonstrates: 6.3% reduction from the base Special LIP; 6.3% reduction to Proportional Allocation Distribution factor reduced from 17.4% to 15.0%; Undetermined IGTs to Palm Beach Health Care District Demonstration Project ($20M); $6M added to Continuation of DOH-Primary Care Initiatives, with $2M minimum for hospital based primary care projects; $9.6M PSN DSH, distributed proportionally, using SFY200607 PSN inpatient days; $9.7M GME DSH, 1) Added $1.2M total to family practice, distributed evenly and 2) Added $8.5M to GME DSH, distributed in proportion to current year (SFY 2008-09) funding; Provided funding in the amount of $800,000 for Children's Specialty Hospital DSH; $25M General Revenue to fund buy backs.
- **Model 17 – Dave Ross**
  Demonstrates: All IGTs are to be paid back to the hospitals with no (zero %) allocation factor; Remove all Safety Net Payments; Use the new $25M in GR to exempt all hospitals with Medicaid and charity audited DSH data of greater than 5% at 100%; Allocate the remainder of the LIP funds available after repayment of IGTs and Exemptions payments based upon FHURS Medicaid and charity (no bad debt) patient days as a percentage of all participating hospitals FHURS Medicaid and charity (no bad debt) patient days; To participate in the Proportional Allocation Distribution, a hospital must have FHURS Medicaid and charity care (no bad debt) patient days as a percentage of total patient days of greater than 10%; Include the new $20M in DSH payments; Include the $64M in Medicaid Trend Adjustments (rate buy-backs).
- **Model 18 – Dave Ross**
  Demonstrates: Based upon Model 17 with the threshold to participate in the Proportional Allocation Distribution lowered to 5%

6. Final Comments/ Meeting Adjourned

Reminder: Please place your phone on mute, not hold, during the meeting if you need to carry on a separate conversation or type on your keyboard because the hold music makes it difficult to hear individual speakers. Thank you.