Policy Considerations for Low Income Pool (LIP) models

Table 1

What level of funding would you like for special LIP?

	SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10
Proportional rural	$ 8,383,495	$ 7,322,186	$ 6,315,614	$ 6,315,614
Proportional primary care	$ 12,203,921	$ 10,596,695	$ 9,518,238.00	$ 9,518,238
Trauma - Level 1	$ 5,355,000	$ 4,649,757	$ 4,237,709	$ 4,237,709
Trauma - Level 2 or Pediatric	$ 4,500,000	$ 3,907,360	$ 3,475,560	$ 3,475,560
Trauma - Level 2 and Pediatric	$ 2,520,000	$ 2,188,124	$ 1,970,272	$ 1,970,272
Safety Net	$ 106,098,400	$ 94,125,241	$ 75,454,515	$ 75,454,515
Specialty Pediatric	$ 2,000,000	$ 1,736,868	$ 1,582,952	$ 1,582,952

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?	SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10
	$ 838,489,174	$ 854,067,477	$ 749,117,977	$ 846,378,125

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%.	SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10
	20.00%	20.00%	17.40%	15.00%

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?

	SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10
Regular	$ 141,124,815	$ 148,982,079	$ 148,382,079	$ 155,233,205
Graduate Medical Education (GME)	$ 60,000,000	$ 60,000,000	$ 70,231,172	$ 68,131,172
Family Practice				$ 13,200,000
Providers Service Network (PSN)				$ 9,216,200
Rural	$ 12,571,683	$ 12,718,187	$ 13,030,766	$ 14,017,513

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 :

1. Request recurring/additional/ new general revenue? (Amount different than what is currently received for SFY 2009-10 $27 million)

2. 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.

SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10
$ 20,450,004	$ 21,449,060	26,200,000	$ 51,317,014

3. Whereas, there is Federal money to be used in the funding of the Medicaid program and Whereas, there are counties with available IGT's, not currently being used to fund another program such as LIP or Exemptions;

therefore any hospital, located in a county with available IGT's, not currently being used to fund another program such as LIP or Exemptions, be allowed to use those IGT's to fund that hospital's Medicaid rate reduction buy-backs for 2010-2011……

4. Return of ad valorem taxes with full allocation faction to those providers paying taxes or providing other funding used to create IGTs.

5. 75% reduction in rate of return (allocation factor) for IGTs contributed after 12/1/2010.

6. Any reduction in rate of return related to #5 above is to be allocated to proportional pool and allocated to all providers.

7. Hold harmless proportional pool for any funding increases to any non-hospital providers.

8. Any increases over $25M in recurring revenue are allocated to proportional pool for all providers providing care to the uninsured whether from recurring on non-recurring sources.

9. Establishment of a floor for proportional pool