



Summary
Low Income Pool (LIP) Council
Telephone Conference
Wednesday, September 15, 2010
1:00 p.m. - 4:00 p.m.

Members Attended by Phone

Phil Williams, LIP Chairman
William Robinson
Steve Short
Bill Little
Stephen Purves
Hugh Greene
Michael Gingras
Clark Scott
Gwendolyn MacKenzie
Kevin Kearns
Dr. Joseph J. Tepas, III
Dwight Chenette
Charles Colvert
Mike Hutchins
Mike Marks
Charlotte Mather
Steve Harr
Steve Mason
Dr. Mark Mckenney
Dee Schaeffer

AHCA Staff

Phil Williams, LIP Chairman
Michele Morgan
Lecia Behenna
Bill Perry
Ryan Perry

Members Attended in Tallahassee

John Benz

Members Absent From Call

Dave Ross
Lewis Seifert
Mary Lou Tighe for Dr. Eneida Roldan

Welcome

The Low Income Pool (LIP) Council meeting was conducted by conference call at the Agency for Health Care Administration (Agency) in Tallahassee, Florida. Mr. Phil Williams, LIP Chairman and Assistant Deputy Secretary for Medicaid Finance, opened the meeting at 1:00 p.m. The meeting began with a welcome and roll call of attending members on the call. Minutes from the August 18, 2010, meeting was approved with one amendment.

Model I – John Benz

Mr. Williams announced to the Council that Model I requested by Council member John Benz was not ready to be presented at the time. Therefore the model request would be presented at the October 20, 2010 meeting.



Safety Net Discussion

Mr. Williams moved the Safety Net discussion up on the Agenda to ensure all participating members on the call a time to discuss. He also noted that three council members provided comments and input for the topic of the Safety Nest discussion. Also, a non council member provided a letter that was included in the materials for discussion.

Mr. Mike Marks began the Safety Net discussion with his concept of the subject matter. He noted that his perception is rather consistent with what was presented last year to the Council and focused on the LIP program specifically. Mr. Marks noticed that in some other submissions, they seemed to be aimed at the legislature defining what is a Safety Net hospital. As a Council member, Mr. Marks recommended staying focused on the Safety Net dollars which are in the LIP funding model and how the Council allocates them as a whole.

Ms. Gwendolyn MacKenzie presented ideas from the Safety Net Hospital Alliance. Ms. MacKenzie began by pointing out to the Council that the National Association of Public Hospitals says in their definition of Safety Net hospitals, some are publically owned and operated by local or state governments and some are non-profit. She added that she didn't think a statutory recommendation to the legislature would serve the Council well. Ms. MacKenzie hoped to end the Safety Net discussion with no vote or statutory recommendation to the legislature.

Dr. Joseph J. Tepas added comments to Ms. MacKenzie's Safety Net discussion to the Council. He noted that on average there is \$98 million of unreimbursed costs to the trauma centers and the current allocation systems come nowhere near to addressing that. He also explained that the cost is going up. By doing so, the mandatory work hour restrictions and the cost of medical education and specifically post-graduate medical education is actually increasing in these dedicated hospitals. As a result, this could lead to a limitation to the amount of coverage that is provided by trainees.

Mr. Williams reminded the Council that from previous meetings there were some differences of opinion among Council members with regard to Safety Net issues. Similar issues on the Safety Net topic were reoccurring and continued to be a popular topic for discussion. As chair of the LIP Council, Mr. Williams reminded those in attendance of his commitment to further advance in the discussion around the concept of Safety Net. This left the topic open for a broad range of discussion instead of focusing on a specific area.

A motion was made at the end of the Safety Net discussion section of the LIP Council meeting. The formal motion was to assume for purposes of the models that will come forth in subsequent meetings that the Council is satisfied with each individual model as its requested addressing Safety Net in whatever manner the requester of the model decides is appropriate. This motion was adopted unanimously without objection.



Update – 1115 Wavier Extension Request

Mr. Williams gave the Council an update on the 1115 Wavier Extension Request. In his update, Mr. Williams noted that nothing formal in terms of correspondence or a word from Federal CMS had occurred since the last LIP Council meeting. He also stated that a contingent of staff from the Agency would be traveling to Baltimore in the following week. This visit with Federal CMS will be to address the 1115 Wavier Extension Request. Two objectives behind making the trip are to reiterate for Federal CMS the timelines that are of interest to the State and to get some sense of the nature of changes that may occur in the waiver. Mr. Williams also reminded the Council that the legislative direction the Agency received was to seek an extension of the waiver without changes. Any changes that would be suggested by Federal CMS will then need to go to back to the legislature for legislative consideration.

Legislative Budget Commission Update

Mr. Williams presented the Legislative Budget Commission (LBC) update to the Council. His update informed the Council of several key points noted at the latest LBC meeting. One was updating the budget of the Agency to reflect the changes in the Federal Medical Assistance Percentage (FMAP) and realigning the State share versus Federal share of funding. Mr. Williams noted that was adopted by the LBC. The second item that was of interest to the Agency on the Agenda for the LBC meeting was specific to the plan developed for the enhanced primary care funding and the distribution of the funding. This item was approved by the LBC and the Agency anticipates quickly getting guidelines out for entities who might be interested in pursuing that funding. Also within the latest LBC meeting, an update was provided to the members of the current economic forecast for the State, which in effect reflects about a \$2.5 billion shortfall in funding for the next year as opposed to what was previously estimated to be a \$5.5 billion shortfall.

Another item created out of the legislature's adoption of the FMAP change is that the Agency has a distribution model for the current year. Ms. Lecia Behenna gave a quick update on what the numbers looked like for purposes of the FMAP changes that came from the most recent LBC meeting. She noted that in the created model, table 1, there is a \$46 million increase to what the Agency had anticipated to the beginning of fiscal year 2010-11. Within the model, a new category was inserted named, "High Medicaid and Charity Utilization." Ms. Behenna explained to the Council that as a result of the model, updates to letters of agreement would follow.

Reporting Deadlines

Ms. Behenna stated to the Council that the deadline for hospitals and Federally Qualified Health Centers (FQHCs) quarterly reporting tools was set for Friday September 17th. This date had been pushed forward to October 1st to allow ample time for each provider to submit the completed quarterly tools. She also noted the deadline for cost limits from county health departments and milestone reports for all LIP providers are due October 1st. Anyone with questions or help needed in completing the forms was urged to contact the Agency. Ms. Behenna addressed the Council and listening parties that all the completed reports was



centered around state fiscal year 2009-10. She reminded everyone the hospital and FQHC quarterly tool consists of four quarterly reports while the cost limit reports of the county health departments will be in an annual report. She also made note of all forms and instructions could be found on the LIP website.

Closing Comments

Mr. Williams anticipated the October 20th LIP council meeting to be face-to-face discussion. This would accommodate specific model requests that were to be submitted by the October 8th deadline and other items left for open discussion. At the time, no meeting place to hold the upcoming meeting had been secured. Council members urged an announcement of the next meeting location to be made known as soon as possible to avoid scheduling conflicts for attending members.

Adjournment

The meeting was adjourned at 2:15 p.m.

DRAFT