



Draft Summary
Low Income Pool (LIP) Council
Wednesday, October 20, 2010
10:00 a.m. - 4:00 p.m.

Members Present

Michele Morgan for Phil Williams, LIP Chairman
William Robinson
Steve Short
Bill Little
Steve Mason
Hugh Greene
Michael Gingras
Clark Scott
Dee Schaeffer
Kevin Kearns
Dr. Joseph J. Tepas, III
John Benz
Dr. Mark Mckenney
Steve Harr
Dwight Chenette
Mike Hutchins
Mary Lou Tighe for Dr. Eneida Roldan
Stephen Purves

AHCA Staff and Presenters

Lecia Behenna
Bill Perry
Ryan Perry
Dr. Claude Dharamraj
Teresa Bennett
Maureen Kersmarki
Pete Clarke

Members Attended by Phone

Steve Short
Stephen Purves
Gwendolyn MacKenzie
Mike Marks

Members Absent

Phil Williams, LIP Chairman
Lewis Seifert
Charles Colvert
Charlotte Mather
Dave Ross

Welcome

Ms. Michele Morgan, acting for Chairman Phil Williams, welcomed everyone to the October 20, 2010, LIP Council meeting. The meeting began at 10:00a.m. Mr. John Hillenmyer of Orlando Health welcomed the members and attendees to the Winnie Palmer Hospital for Women and Children. He also introduced Sherrie Sitarik as the soon-to-be CEO for Orlando Health to the LIP Council members and audience. Minutes from the, September 15, 2010, LIP Council meeting were approved with no amendments.

Updates

Ms. Morgan provided the council with an update on the 1115 Wavier Extension Request. She mentioned that a selected group from the Agency traveled to Baltimore, Maryland on September 23, 2010, to have a face-to-face conversation with Federal CMS. Ms. Morgan reminded the council and listening audience the Agency is going through an "A" authorization process and not an "E" authorization as originally requested. A clarification and explanation of the Agency's timelines were also provided.

Ms. Morgan informed the council of a general discussion with CMS to look at hospital inpatient and outpatient UPL requirements as a starting point for the Low Income Pool funding negotiations. She stated the Agency is working with CMS staff and is already in the process of doing UPL calculations as it is required for the state plan. Once the requirement is drafted, a conference call with CMS will follow.

A brief update was also given on the Intergovernmental (IGT) Transfer Panel. Ms. Morgan explained to the council the purpose behind the IGT Panel. She then updated the council with the current tasks of the Panel which included addressing questions of counties and providing them with feedback as well. The Panel is also looking at models from the LIP Council and creating a report which will be provided to the legislature by January 1, 2011.

Presentations

Beginning the presentations segment of the LIP Council meeting, Dr. Claude Dharamraj presented on behalf of the Pinellas County Health Department. With the economy in its current status, more and more uninsured people were seeking health care. Pinellas County reached out to the health department in hopes to reopen the clinic due to the capacity of the health center. As a result, the county was able to contract with the community center and the health department being two of the main primary care providers. These two providers offered hospital services, dental services and social human services outreach among others. Dr. Dharamraj also mentioned they were able to save money by incorporating all the services under one roof. An online system has been integrated to keep track of patient visits and records.

Ms. Teresa Bennett presented to the council on behalf of the Citrus County Health Department. Citrus County is one of the oldest counties in the nation with about 145,000 residents residing there. An estimated 34 percent of the population is over the age of 65. 33 percent of adults age 18 to 64 are uninsured with over 50 percent of the children living below the poverty level. Ms. Bennett explained to the council that the LIP funding received goes towards three Emergency Room (ER) diversion urgent care clinics and also funds the diabetes disease management care program. In SFY 2009-10 alone, over 6,000 clients were served through the LIP program and were provided over 24,000 visits. While working closely with the two hospitals in the community, the clinics were able to use the provided LIP funding to divert unnecessary visits to the ER resulting in a savings of over 3 million dollars to the hospitals. Other programs and services such as orthopedics, chiropractics and a women's health program among others are also provided with the use of LIP funds. The pharmacy fills over 20,000 prescriptions a year and also offers a case manager who helps patients sign up for free medications directly with the drug manufacturer.

Ms. Maureen Kersmarki, chairman of the Primary Care Access Network (PCAN) for Orange County, gave her presentation to the council. The PCAN program is a system of care for the uninsured and is not an insurance plan. Goals of this program included a medical home for all uninsured people in Orange County and a comprehensive integrated family system of care that has evolved from simply primary care to include urgent care and secondary care. Currently, the PCAN program serves almost half of the uninsured population of Orange County. The program currently has 10 federally qualified centers and 10 urgent care or acute care locations serving over 100,000 patients in its system. Ms. Kersmarki reported that the program has reduced non-

urgent uninsured ER visits from 32 percent down to 25 percent. One clinic has reduced emergency room visits by being open after hours. The PCAN program was recognized by the John Kennedy School of Government at Harvard University. They were also one of 16 out of 1,000 applications of the Innovations in Government Award.

Primary Care Application Update

Ms. Morgan reminded the council and listening audience of the LIP Primary Care application that was posted to the LIP website. The due date for the submission of completed applications is Monday, October 25, 2010, by the close of business. She noted that the Agency intends to award the selected applications by mid November 2010, and to make payments beginning in December 2010.

Status of Letters of Agreement for SFY 2010-11

Ms. Morgan reminded the council of the FMAP impact for non-executed Letters of Agreement and encouraged the participants to complete and return to the Agency as soon as possible. She noted that every effort was being made to process submitted Letters of Agreement to the Agency. Ms. Morgan provided an explanation of the additional two paragraphs found on the current Letters of Agreement.

Reporting Deadlines

Ms. Morgan explained to the council the importance of meeting all the posted deadlines to the Agency. Not meeting the deadlines could result in non-compliance with the Agency's terms and conditions with Federal CMS. A list of hospitals and providers that have not yet met the deadlines for submission was read aloud to the council and listening audience. A question was raised about the timely posting of rates to the Web and was suggested the topic be made an agenda item at the next LIP Council meeting. A motion was also made to remove the restriction on health departments from 3 years to be placed on the same basis as other applicants for LIP funding. This later resulted in the motion to be discussed at the upcoming LIP Council meeting.

Model 1 – John Benz

John Benz began the model discussion with his overview of Model 1. Mr. Benz noted two key items that affected the overall dollars within the model. These included the lack of stimulus dollars and the change in FMAP and increased cost of exemptions and buybacks. With these factors weighing on model creations, Mr. Benz noted these would create limitations with this and other models brought forth to the council. For Model 1, Mr. Benz utilized six months in SFY 2010-11, six month (GAA) model and for special LIP inserted into the model itself. While explaining other factors found in the model on how it worked, Mr. Benz did mention the lack of consideration of the impact for children's hospitals. However, future models based on the same criteria would include this category.

Model 2 – Kevin Kearns

For Model 2, Kevin Kearns created a one page summary to give a quick overview for his presented model. This summary compares Model 2 with the final model created by the Legislative Budget Commission. Again with this model, the FMAP changed the outcome of the model considerably for the next fiscal year.

Model 3 Dr. Joseph J. Tepas, III

Dr. Joseph J. Tepas, III opened up his presentation of Model 3 to the council by explaining his model would differ from all the others. He explained the purpose of this model was to show that as a result of the decrease in FMAP and increased cost of exemptions, the council would have to create a new distribution methodology which may include cuts.

Model 4 – Mike Marks

This model was not presented and was postponed until the next council meeting.

Closing Comments

Ms. Morgan notified the council of the next LIP Council meeting is to take place on November 17, 2010, at the Agency for Health Care Administration in Tallahassee, Florida. Also noted was the deadline for model requests to be submitted to the Agency of October 27, 2010. A concern was raised from the council to have model discussions at the next meeting before the presentations due to scheduling conflicts. Ms. Morgan made note of the suggestion and agreed to have the upcoming meeting agenda adjusted accordingly. She also gave a brief explanation on the difference in the IGT panel and the LIP Council and also how they interacted as requested by the council.

Adjournment

The meeting was adjourned at 1:51 p.m.