

**Low Income Pool Council  
Model Comparison Summary  
Model 2 - 2012 proposed vs. LBC Final 2011**

| FY 2011 - 2012                  |   | FY 2010 - 2011                  |                 |
|---------------------------------|---|---------------------------------|-----------------|
| 43.69%                          | FMAP - State  | 35.17%                          |                 |
| 56.31%                          | FMAP - Federal  | 64.83%                          |                 |
| 128.89%                         | Return on IGT investment  | 184.33%                         |                 |
| <b>Proposed Model 2 FY 2012</b> |   | <b>LBC Final FY 2010 - 2011</b> | <b>Variance</b> |
| \$ 436.9                        | <b>Local Intergovernmental Transfers</b>  | \$ 351.7                        |                 |
| \$ 386.8                        | IGT for Hospital Initiatives  | \$ 313.5                        | \$ 73.2         |
| \$ 50.1                         | IGT for other 'Provider Access Systems')  | \$ 38.2                         | \$ 12.0         |
| \$ 563.3                        | <b>Federal Match</b>  | \$ 648.3                        |                 |
| \$ 271.5                        | <b>Non LIP Program IGT payback:</b> Payback providers putting up IGT for other non LIP programs (buyback, exemptions, statewide initiatives). \$607.7M -313.5M = 294.2 for FY 2011. FY 2012 based on \$580M total for the programs (see table below)  | \$ 294.2                        | \$ (22.7)       |
| \$ 98.7                         | <b>Allocation Factor:</b> 14.6% allocation factor in 2011 (15% for 2012) for the entities putting up IGT for LIP and non LIP categories (e.g. buybacks, exemptions, liver global fee). Note: 'Other Provider Access Systems' IGT contributors do not receive this allocation factor   | \$ 88.7                         | \$ 10.0         |
| \$ 113.2                        | <b>Special LIP:</b> To hospitals in the 'special LIP' category. This funding is allocated various ways in categories such as trauma, safety net, and pediatric specialty. Many of these amounts have been historically dictated by the Legislature. Note: \$35M of these funds in FY 10/11 were a one time distribution to JMH to assist with financial recovery efforts. | \$ 148.6                        |                 |
| \$ 6.2                          | Rural   | \$ 6.2                          | \$ -            |
| \$ 10.1                         | Primary Care  | \$ 10.1                         | \$ -            |
| \$ 4.1                          | Level I - Trauma  | \$ 4.1                          | \$ -            |
| \$ 3.4                          | Level II or Pediatric - Trauma  | \$ 3.4                          | \$ -            |
| \$ 1.9                          | Level II AND Pediatric - Trauma   | \$ 1.9                          | \$ -            |
| \$ 79.9                         | Safety Net (excludes JMH one time payment)  | \$ 79.9                         | \$ -            |
|                                 | Safety Net - JMH one time payment   | \$ 35.4                         | \$ (35.4)       |
| \$ 6.1                          | High Medicaid and Charity Utilization   | \$ 6.1                          | \$ -            |
| \$ 1.5                          | Special Pediatric   | \$ 1.5                          | \$ -            |
| \$ 2.4                          | <b>Proportional Adjustment - Rural:</b> A proportional adjustment to rural hospitals based on a Medicaid/charity care formula.  | \$ 2.4                          | \$ -            |
| \$ 27.6                         | <b>Proportional Adjustment - non Rural:</b> A proportional adjustment to non rural hospitals based on a Medicaid/charity care formula.  | \$ 66.4                         | \$ (38.8)       |
| \$ 49.9                         | <b>Non Hospital Issues (Net):</b> Includes poison control, FQHCs, DOH, hospital primary care, premium assistance, ER diversion, new primary care initiative. Note: excludes 'primary care hospital initiatives providers' included above under Special LIP. Model 2 keeps NET amount and adds \$3M Gross for FQHC Oral Health   | \$ 48.2                         | \$ 1.6          |
| \$ 1,000                        |   | \$ 1,000                        | \$ (0)          |

| Funded with LIP | Unfunded | Total   | Summary of NON LIP program funding   | Funded with LIP | Unfunded | Total |
|-----------------|----------|---------|--|-----------------|----------|-------|
| 267.2           | 0.0      | 267.2   | <b>Buybacks (Model 2 assumes same categories as 2011)<br/>Exemptions and Liver, Global Fee</b> | 158.4           | 0.0      | 158.4 |
| 313.0           | 550.0    | 863.0   |  | 714.1           | 0.0      | 714.1 |
| 580.2           | 550.0    | 1,130.2 | <b>Total</b>   | 872.5           | 0.0      | 872.5 |
|                 | 240.3    |         | <b>IGT needed to fully fund</b>  |                 | 0.0      |       |