



Summary
Low Income Pool (LIP) Council
Telephone Conference
Wednesday, August 18, 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
John Benz
Lewis Seifert
Mike Marks
Charlotte Mather
Mary Lou Tighe for Dr. Eneida Roldan
Steve Harr
Steve Mason
Dr. Mark Mckenney
Dee Schaeffer

AHCA Staff

Phil Williams, LIP Chairman
Lecia Behenna
Bill Perry
Ryan Perry

Members Absent From Call

Dave Ross
Mike Hutchins

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 July 21, 2010, meeting was approved with one amendment.

Updates

Ms. Lecia Behenna began the updates portion of the LIP Council meeting with a brief update on Letters of Agreements (LOAs). In her dialogue on this topic, she mentioned most of the LOAs



were completed and sent to the providers. The remainder of the LOAs were to be sent out by the end of the week. Mr. Williams also noted that the sooner the LOAs were completed at the local level and returned to the Agency, the quicker the money would move through the process.

Mr. Williams followed with an update on the Federal Medical Assistance Percentage (FMAP). He noted that Congress acted and the President approved a step-down extension of the enhanced FMAP. From this point through December 2010, the current enhanced FMAP under the original terms of the American Recovery and Reinvestment Act is 67.64%. With the new step-down approach, the FMAP will change to 64.81% for the period of January through March 2011. For the period of April through June 2011, the FMAP is set to be 62.93%. Mr. Williams also mentioned by taking the three FMAP federal levels collectively, this would create a blended FMAP for the current year 2010-11 of 64.83%. Ms. Behenna also noted that the Agency was about to create models which included the new percentages.

Regarding the enhanced primary care funding, Mr. Williams provided the Council with an update. In proviso, the language indicated that there would be \$25 million available for enhanced primary care funding. The back of the bill language (section 84 of the GAA) takes that level of funding from \$25 million up to \$38 million. Mr. Williams reminded the Council the \$38 million could be somewhat reduced because of the adjustments in the FMAP. The Agency was unsure at what level the funding would be reduced. A draft plan was shared with the Council for review and comments reflecting how the Agency would proceed with this activity. Mr. Williams gave a broad overview of this draft plan to the Council.

Ms. Behenna then proceeded to give an update to the Council on current deadlines that lie ahead in the near future. Provided to the Council was a document with the current LIP due dates. This document mapped out the deadlines for the LIP reporting tool, LIP cost limits and LIP Milestone reporting requirements. Ms. Behenna presented a brief narrative on each of the items listed on the document to the Council. With regards to the reconciliation, Ms. Behenna stressed the urgency to have all documents returned to the Agency in September. This allows the Agency to submit the reconciliations by the end of October and to remain in compliance with Amended Special Term and Condition 105.

Mr. Phil Williams followed with an update on the wavier extension. He noted that a follow up conference call had taken place since the last Council meeting. Also a letter had been received from federal CMS officially notifying the Agency that the wavier extension as submitted would be reviewed under 1115(a) authority and not 1115(e) authority as requested by the Agency. This approach provides the authority to CMS to make whatever changes they would like to make in terms of the demonstration itself. Also, it provides CMS with no particular deadlines for its review and approval process for the extension request.

A brief update on the reconciliation was given to the Council by Ms. Behenna. She mentioned that the due dates provided earlier in the meeting related directly to the reconciliation. She urged the hospitals and Federally Qualified Health Centers (FQHCs) to complete and submit the quarterly tool. Ms. Behenna also informed the Council of the need for FQHCs to complete the new cost limits to assist the Agency in the reconciliations.



Cost of Exemptions

Ms. Behenna reported to the Council that the Agency is working on updating the cost of exemptions based on the current criteria. The categories remained the same but the audited Disproportionate Share Hospital (DSH) data used was being updated. Taking the updates into consideration, exemption costs would rise from \$704 million to \$832 million for state fiscal year 2011-12, all things remaining equal. With this change, the Agency wanted the Council to be made aware of that increase in cost as new proposed models were moving forward.

Model Assumptions

Ms. Behenna noted to date she had not received any requests to create new models. She explained that key information was needed in order to create new models. This included knowing what level to be funded at, keeping the current special LIP categories and what allocation factor would be on the return of the Intergovernmental Transfers (IGTs). Ms. Behenna also suggested a short phone call from the requesting Council members to ensure every detail is included with the model request.

Safety Net Discussion

Mr. Williams indicated at the beginning of the meeting the possibility of a subcommittee specific to Safety Net. About half of the Council had indicated interest in participating in that discussion. Instead of creating a workgroup or subcommittee specific to the Safety Net, Mr. Williams suggested trying to incorporate the Council as a whole in the discussion. One concern from the Council was the need to create a known definition since it is not clearly defined in proviso. Another suggestion was made to recommend a face to face discussion on the topic at the next Council meeting rather than a conference call, to better relate to the matter at hand. Mr. Williams gave a deadline of September 10, 2010, for Council members to submit ideas and useful parameters and criteria to aid in defining the Safety Net category. This would allow preparation of the topic for the following September 15, 2010 meeting.

Next Meeting

Mr. Williams mentioned the Agency was still exploring the possibility of a meeting space in the Orlando area. This area appeared to be in favor by several members of the Council. Another available meeting area at the University of North Florida was made known to the Council. But with the Legislative Budget Commission meeting on the 15th of September coming up, the next Council meeting could possibly take place in Tallahassee if the date was not changed. Changing the date of the next Council meeting created scheduling conflicts for many of the Council members.

Adjournment

At the end of the August 18, 2010 LIP Council meeting, Mr. Williams gave a quick reminder of the deadlines approaching. By close of business Monday, August 23, 2010, input regarding the



draft Enhanced Primary Care Funding document shared earlier in the meeting is due. On September 3, 2010, requests for models to be created for the upcoming meeting are due. Friday, September 10, 2010, is the due date for input and thoughts regarding the working definition, criteria and parameters specific to Safety Net providers. The meeting was adjourned at 2:20 p.m.

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